

1. Cardiac development is fairly complete by how many weeks of gestation?

- a. -
- b. 8 weeks.**
- c. 12 weeks.
- d. 4 weeks.
- e. 16 weeks.

2. Placing no limits on the ages or numbers of visitors and providing sleeping facilities for the caregivers in a child's room in a health care facility will most likely bring which of the following results?

- a. Family-centered care will be enhanced.
- b. The child will be more dependent on the family.
- c. There will be loss of rest by the child.**
- d. Nurses will find procedures less difficult to carry out.
- e. -

3. The school nurse is working with teenaged parents and their babies in a high school program designed to keep these parents in school and to teach them how to care for their children. The nurse teaches the mothers to change diapers on:

- a. a changing station with a cushioned cover**
- b. a washable surface that is disinfected after each use
- c. -
- d. upholstered furniture that can be wiped off
- e. a soft towel that can be washed as needed

4. You are a school nurse working with adolescents. An adolescent tells you that he thinks he has a sexually transmitted disease (STD). He wants to see a doctor to get diagnosis and treatment if necessary, but he says he definitely does not want to tell his parents. Your best initial action would be to:

- a. Refer the adolescent to the local clinic that provides free STD testing**
- b. convince him to talk with his parents
- c. -
- d. check the laws of your state to find the age at which adolescents can seek diagnosis and treatment of STDs without parental consent
- e. reassure him that you will not contact his parents

5. Caregivers ask the pediatric nurse what things they need to especially look at when selecting day care. The nurse will stress preparing and asking a number of questions related to which of the following areas as a priority in selecting day care?

- a. activities for the children
- b. the type and amount of food served
- c. -
- d. provision for naps**
- e. sanitation practices and illness policies

6. Adolescents most often lack which of the following types of immunity and need to be immunized because of the danger of acquiring this type of infection through sexual contact?

- a. gonorrhea
- b. -
- c. chlamydia
- d. hepatitis A
- e. hepatitis B**

7. You are a nurse working in a pediatric clinic. Your goal is to have accurate, up-to-date immunization records on all the children who come to the clinic. Which of the following record-keeping efforts would best help you meet your goal?

- a. -
- b. Have caregivers list all those who gave immunizations to their children and sign consent forms for release of information; then combine the records into one**

- c. Assume that immunizations are not up-to-date and begin the process at the beginning.
- d. Have the caregiver document all past immunizations with a note that this is caregiver recall and then chart new immunizations.
- e. Have the caregivers document all the immunizations and dates of immunizations for each child.

8. You are being oriented to the pediatric unit. You notice that after giving a vaccination, the nurse records, in addition to the date of administration, the name of the vaccination, the site and route, the nurse's name and title, and which of the following information?

- a. the height, weight, vital signs, health status, and blood work of the child
- b. -
- c. the manufacturer, lot number, and expiration date of the vaccine
- d. any adverse reaction sustained by the recipient

e. parents' or legal guardian's full names and permanent addresses

9. A mother asks the nurse why her child needs a polio vaccination when polio has been eliminated in the United States and eradicated in most of the world. The nurse's best answer would be:

- a. "Polio virus still exists in parts of the world, which means this virus could be introduced accidentally into this country again and we could have an epidemic of polio."
- b. -
- c. "Some children suddenly lose their immunity, and we have no explanation for why this happens."
- d. "You might have to travel to a foreign country, and then you might be exposed to the polio virus."

e. "Only one of many strains of polio has been eradicated. We believe that new strains are being formed."

10. The school nurse is talking with a group of adolescent females about the measles, mumps, and rubella (MMR) vaccine. The school nurse will caution the female students not to take the vaccine if there is any chance they may be pregnant or become pregnant in the next 3 months. The reason the nurse tells the students not to take the vaccine during the first 3 months of pregnancy is:

- a. The baby could be prematurely vaccinated against MMR.
- b. This vaccine can cause developmental abnormalities in the fetus during the first trimester.
- c. The vaccine could cause the fetus to develop measles or mumps while in utero and this is hard to treat.**
- d. The vaccine during this time will cause the mother to have adverse side effects and be severely ill.
- e. -

11. You are working on the medical unit at the hospital. A client says he may have been exposed to diphtheria. The client has a low-grade fever and some nasal discharge. In order to diagnose or rule out diphtheria in this client, the physician will order which of the following tests?

- a. -
- b. sputum culture**
- c. nose and throat cultures
- d. gastric analysis
- e. blood and stool cultures

12. A group of caregivers are talking with the nurse about sexually transmitted diseases (STDs) in adolescents. One caregiver asks the nurse what is the earliest age at which children can get an STD. The best answer by the nurse would be to say that children:

- a. can acquire an STD in utero, in the birth canal, or at a very young age, which can suggest the possibility of sexual abuse
- b. are usually not sexually active until they are 12 or older today
- c. can acquire an STD about 2 years before the advent of puberty**
- d. can acquire an STD anytime after birth, although it is rare for a child to have an STD before the age of 11
- e. -

13. A mother calls the pediatric nurse and says that her child has nocturnal anal itching and sleeplessness. The nurse will most likely instruct the mother to do which of the following things?

- a. -

b. Apply Vaseline to the anal area before bedtime and in the morning.

c. Give the child over-the-counter Benadryl for 2 nights to see if it gets better.

d. Press a transparent tape against the perianal region in the morning before the child has a bowel movement.

e. After the child voids and defecates, wash the anal area with soap and water and rinse well.

14. A preschooler is admitted to the pediatric unit with a febrile illness. The nurse is aware that acetylsalicylic acid should not be administered to a preschooler, because doing so may result in which of the following conditions?

a. -

b. renal insufficiency

c. Raynaud's disease

d. Reye's syndrome

e. hepatitis B

15. A child recently received the diphtheria, tetanus, and pertussis (DTaP) immunization. Which of the following would represent a reaction that would be considered a contraindication to receiving the immunization again?

a. upper respiratory infection

b. emesis and diarrhea

c. -

d. encephalopathy

e. otitis media

16. Infants and children are especially at risk for adverse reactions to medications, including age-specific adverse reactions and ineffective treatment, for which of the following reasons?

a. -

b. Drug companies make less money on pediatric clients than on other ages, so they do less research on drugs for this age group.

c. Mothers are a powerful lobbying group in Congress, the Department of Health and Human Services, and the Food and Drug Administration.

d. Ethical constraints related to informed consent severely limit the amount of testing of most drugs used with the pediatric population.

e. The response to medications varies significantly among children of similar weights and heights.

17. The medication nurse notices that a 12-year-old overweight boy with considerable adiposity is receiving a larger dose of a lipid-soluble medication than a 10-year-old, average-weight female peer. The nurse realizes that the major reason for this is that:

a. older children require more medication than younger peers

b. females require less medication than males

c. boys have more muscle, which uses more lipid-soluble drug faster

d. lipid-soluble medications have an affinity for fat and can be stored in body fat

e. -

18. The nurse is preparing to give a medication to an adolescent client. The nurse prepares to check the wristband, but it is missing. The nurse needs to:

a. -

b. compare the adolescent to a picture ID

c. have a nearby peer identify the client

d. ask the adolescent to self-identify

e. wait for the parents to identify the adolescent

19. The nurse is preparing to give a bitter liquid medication to a child. Which of the following statements by the nurse would be best?

a. "This medicine may taste different from anything you have tasted before."

b. "This medicine will probably taste worse than anything you have ever tasted before."

c. "Sometimes medicines are awful, but they help you more than good-tasting medicines."

d. "This is a magic medicine with a special taste, and it will make you get better."

e. -

20. The nurse is preparing to give a medicine that comes in tablet form to a 10-month-old child. The nurse checks with the pharmacy and it can be crushed. After the tablet is crushed, which of the following liquids or soft foods would be best to mix the tablet with?

a. formula

b. honey

c. whole milk

d. pudding

e. -

21. The nurse administering liquid medication to children would teach the caregivers to give the medicine at home using which of the following utensils?

a. -

b. a kitchen tablespoon

c. kitchen measuring spoons

d. an ordinary teaspoon from the family kitchen

e. a calibrated medication spoon, dropper, or syringe

22. You are the nurse preparing to give an injection to a child who is combative. Which of the following approaches would be best on your part?

a. -

b. Gently but firmly restrain the child using sufficient adults to do so and quickly give the injection.

c. Do not administer the injection.

d. Talk to the child until he calms down and then give the injection.

e. Wait until the child is asleep, and then give the injection before he awakes.

23. The nurse is concerned that an infant may be experiencing toxicity due to the administration of a medication. Which of the following physiological considerations places the infant at greatest risk for medication toxicity?

a. diminished cardiac output

b. decreased peristalsis

c. -

d. increased body fat

e. reduced renal excretion

24. A nurse is attempting to administer medications to a preschool-aged child. Which of the following statements made by the nurse would be most appropriate given the child's developmental stage?

a. "If you take your medication, I will give you a sticker that you can wear on your shirt."

b. "We can't play until you've taken your medication."

c. -

d. "Would you like to play with the pills before you take them?"

e. "Would you like to take your red pill or the pink pill first?"

25. Caregivers may be excited about the family relocating to another city so they can have better jobs and a bigger home. After the move, however, the children will most likely:

a. grieve for the loss of comfortable and familiar people, surroundings, and things left behind

b. do better emotionally than the caregivers, as the children will acclimate to their new surroundings with greater ease

c. reflect the excitement modeled by the caregivers and suffer little emotional upset

d. appreciate the better surroundings and seek new friendships in the neighborhood

e. -

26. Most preschoolers have a favorite toy or belonging that goes with them to the babysitter, the day care, or the health care provider. When the caregivers fail to bring that toy or belonging along on an outing, the child will most likely:

a. start to learn how to rely on people for security rather than on objects

b. be angry with the caregivers for several days or weeks

C. -

d. reject the toy or belonging when it is next presented

e. suffer feelings of anxiety associated with loss and separation issues

27. The mother of a 2,5-year old child who has had tonsillitis asks about the possibility of a tonsillectomy for the child. The nurse informs the mother that tonsillectomies are usually performed when the child is over 3 years old. The mother wants to know why children younger than 3 have to wait for a tonsillectomy. Which of the following is the nurse's best answer?

a. "Separation from the parents or caregivers is much more difficult in the child under 3."

b. "Surgery is too difficult on a younger child, because their mouths are so small, making it difficult to get to the tonsils

C. -

d. "Younger children are more prone to excessive blood loss and the tonsils growing back."

e. "It is too scary for younger children, and they don't understand what is happening."

28. The nurse is assigned to care for a child who had a tonsillectomy yesterday. The child complains of a sore throat and wants something cool. Which of the following cool drinks or foods would be acceptable to offer the child?

a. cold cola

b. cherry-flavored gelatin

c. lime sherbet

d. chilled tomato juice

e. -

29. A parent asks the nurse to explain why children under the age of 3 are more vulnerable to otitis media. The nurse explains that this is mainly due to which of the following?

a. Parents tend not to clean the ears of small children properly or sufficiently.

b. They are exposed to many more small children who are prone to otitis media

C. -

d. Young children have wider, shorter, and straighter eustachian tubes than older children and adults.

e. The outer ear is more conducive to receiving and hosting microorganisms.

30. The nurse working with a child with laryngotracheobronchitis is offering the child tiny medicine cups of fluid and giving stickers and prizes for meeting goals related to intake of fluid. All this effort on the part of the nurse to get the child to drink more fluid is because the fluid is needed to:

a. -

b. loosen secretions

c. maintain electrolyte balance

d. prevent diarrhea

e. keep kidneys functioning

31. A mother A mother asks the nurse why her child has to wait in the doctor's office after the allergy injection. Which of the following is the nurse's best response?

a. "We calculate the amount of the next dose based on whether or not the child has a reaction this time."

b. "We can give you some epinephrine in a syringe along with some instructions, and you can be on your way immediately."

c. "The child's response to the serum can be a life-threatening immune response, and we can deal with that here in the office."

d. "Children sometimes get a little rash or hives after the injection, and we like to record any reaction and decrease the dose the next time."

e. -

32. In working with children with cystic fibrosis, the nurse expects to carry out and provide teaching on which of the following treatments?

a. preparation for renal dialysis and strict intake and output

b. dietary modification involving a low-protein, high-fat, low-carbohydrate diet

C. -

d. aggressive pulmonary toilet methods, digestive enzymes, and vitamin supplements

e. range of motion and a highly regimented exercise program

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34. A mother asks the nurse to explain the cause of sinusitis. The nurse's best explanation would include telling the mother that sinusitis in children is usually triggered by which of the following conditions?

a. -

b. an upper respiratory infection or allergic rhinitis

c. irritation of the sinuses caused by dryness

d. tonsillitis or otitis media

e. a humid condition such as caused by prolonged rain or the use of a humidifier

35. A pediatric client is admitted to the intensive care unit with a diagnosis of acute epiglottitis. Which of the following actions taken by the nurse would be most important to complete first?

a. Place a tracheostomy kit at the bedside

b. Update the child's parents on the condition

c. -

d. Initiate respiratory isolation.

e. Administer oxygen via nasal cannula as prevention

36. While assessing a child the nurse finds hepatomegaly. The nurse is aware that this condition is most associated with which of the following?

a. congenital heart defects

b. prematurity

c. -

d. congestive heart failure

e. maternal alcoholism

37. When the nurse assesses a newborn that has transposition of the great arteries (TGA), the nurse will most likely find which of the following signs or symptoms?

a. low birth weight, small-size infant with a weak cry, and lethargic appearance

b. pallor, low blood pressure, and weak rapid pulse rate

c. -

d. normal size and weight and healthy appearance except for acute cyanosis that will not respond to oxygen

e. ruddy skin appearance of face and extremities

38. Following the acute inflammatory phase of rheumatic fever, which of the following cardiac pathologies is evident?

a. inflammation of the pleura

b. changes in the firing from the Purkinje fibers with irregular beats

c. valvulitis with the most affected valve being the mitral valve

d. enlargement of the heart

e. -

39. When the nurse is assessing a child who has had rheumatic fever, the most frequent benign major manifestation is:

a. -

b. polyarthritis

c. subcutaneous nodules

- d. chorea
- e. erythema marginatum

40. A nurse is working with children and adolescents who have a known heart problem. The nurse is aware that when a child undergoes a procedure, the prevention of infectious endocarditis will involve which of the following interventions as a prophylaxis?

- a. antibiotics, with the most frequent being penicillin or clindamycin for those with penicillin allergies**
- b. intravenous glucose solution
- c. -
- d. aspirin or Coumadin
- e. gamma globulin 10 cubic centimeters in each of two deep muscle sites at least 24 hours before the procedure

41. Nurses working with pediatric clients know that they must be able to recognize the early signs and symptoms of impending shock. They also know that the three major classifications of shock are:

- a. -
- b. hypovolemic, distributive, and cardiogenic**
- c. arrhythmic shock, tachycardic shock, bradycardic shock
- d. major, mid-range, and minor
- e. hypovolemic, hypervolemic, and normovolemic

42. Upon assessment, the nurse identifies that a pediatric client's blood pressure is 120/76 in the right arm and 92/60 in the right leg. Based upon the assessment findings, the nurse suspects which of the following conditions?

- a. -
- b. possible coarctation of the aorta**
- c. possible cardiac tamponade
- d. a normal finding in the pediatric client
- e. possible systemic venous congestion

43. A pediatric client with a history of congestive heart failure is noted to have a hepatomegaly. Which of the following is the likely etiology of the hepatomegaly?

- a. -
- b. systemic venous congestion**
- c. decreased systemic perfusion
- d. pulmonary venous congestion
- e. decreased pulmonary perfusion

44. A pediatric client is to begin digoxin therapy. The nurse is aware that which of the following labs is most necessary to evaluate prior to beginning the medication?

- a. -
- b. potassium**
- c. digoxin level
- d. calcium
- e. BUN and creatinine

45. An infant who is less than 2 hours old is noted to have profound cyanosis. The nurse administers oxygen immediately. Upon reassessment, the nurse notices no signs of improvement in the cyanosis. The nurse suspects which of the following conditions given the client's clinical presentation?

- a. tricuspid atresia
- b. -
- c. truncus arteriosus
- d. coarctation of the aorta
- e. transposition of the great arteries**

46. The nurse is assessing a child who has anemia. The child has a yellowish skin color. This skin color is most likely indicative of which of the following conditions associated with severe anemia?

- a. compensatory polycythemia

b. liver disease

c. -

d. increased destruction of red blood cells

e. increased melatonin

47. The nurse is working with a mother who is breastfeeding her 2-month-old infant with blood-loss anemia. The blood loss has been stopped, and efforts are made to increase the infant's supply of iron. The nurse will advise the mother to

a. switch to a formula high in iron

b. -

c. feed formula with iron and iron-fortified cereal

d. feed half formula with iron and half breast milk

e. give only mother's breast milk

48. The nurse is talking to the working parents of a child with sickle cell anemia. The nurse explores the feelings of the parents and finds that both parents are admitting to feeling guilty a lot of the time. Which of the following causes will the nurse most likely find as the greatest contributor or cause of this guilt?

a. The child wants more and more things that cost more and more money, and the parents can't comply because of hospital bills.

b. -

c. Both parents are working and cannot spend as much time with the child as they would like.

d. The parents are not able to help their child more, and they fear that the child is suffering a great amount of the time

e. Both parents are carrying at least one recessive gene for sickle cell anemia.

49. The school nurse will educate teachers of children with a diagnosis of sickle cell anemia that when these children have a deterioration in school performance or a severe headache, this can be followed by which of the following problems?

a. -

b. cerebral vascular accident (CVA)

c. loss of consciousness

d. petit mal seizure

e. migraine or cluster headaches

50. Parents with sickle cell anemia in their families ask the nurse to tell them which test for sickle cell anemia can be done the earliest in the prenatal period. The nurse will respond that prenatal diagnosis for sickle cell anemia can be conducted as early as 8 to 10 weeks with which of the following tests?

a. chorionic villi sampling

b. sickle cell solubility tests

c. -

d. hemoglobin electrophoresis

e. amniotic fluid analysis

51. The nurse is giving parents discharge instructions for the care of their child with sickle cell anemia. The nurse explains that the child will be maintained on prophylactic oral penicillin until age 5 and tells the parents that the rationale for this antibiotic is:

a. to prevent the destruction of red blood cells (RBCs)

b. antibiotics alter the shape of the sickle cell

c. -

d. because of the increased risk for infection

e. to prevent vegetation on the mitral valve

52. A pediatric client has a presumed diagnosis of coarctation of the aorta. The nurse is aware that which of the following symptoms are considered to be the classic clinical presentation(s) for the diagnosis? Select all that apply.

a. -

b. upper-extremity hypertension

- c. intermittent claudication
- d. diminished lower-extremity pulses
- e. bounding upper-extremity pulses

53. The age range for an infant is defined as which of the following time spans?

- a. newborn to 6 months
- b. newborn to 3 months
- c. 1 month to 1 year.
- d. 3 months to 15 months
- e. -

54. The most rapid growth period in a person's life is during which of the following periods?

- a. -
- b. infancy.
- c. latency
- d. early childhood
- e. adolescence

55. A mother asks the nurse when a soft spot on the baby's head will close. The best response by the nurse is which of the following responses?

- a. "The soft spot you are talking about will close by 12 to 18 months of age. Another soft spot will close by 2 months."
- b. "There are two soft spots called the anterior and posterior fontanelles, which will close by the time the baby is about a year old."
- c. -
- d. "It will close in 6 months."
- e. "It will close in about a year."

56. A mother asks you when her baby will be able to pick up and hold toys. You would explain to her that in order to be able to willingly grasp an object such as a toy, the baby must first:

- a. -
- b. lose the involuntary grasp reflex.
- c. double the birth weight
- d. have the ability to release the object
- e. be able to sit up

57. Gross motor development is best exemplified by the ability to:

- a. open the hand, look at the fingers, and place them in the mouth
- b. use the facial muscles to smile, cry, and frown
- c. maintain balance, postural control, and locomotion
- d. use the muscles of the hands to grasp toys
- e. -

58. The mother asks the nurse when her baby will be able to hold his head up. The best response by the nurse is that the baby will be able to hold his head up at:

- a. 4 months
- b. 7 months
- c. -
- d. 3 months
- e. 6 months, if the baby is not overfed and overweight

59. A mother notices that her 6-month-old child grasps things such as a spoon in her palms. This mother asks when her daughter will be able grasp a spoon between the thumb and fingers. She has been trying to teach the child this skill without success. The best response by the nurse would be:

- a. "The pincer grasp will be mastered at about 8 months. It would be best to let the child grasp the spoon with the palm, as it is too early for the pincer grasp."
- b. "Keep working and teaching. The baby will soon pick this skill up if you just keep pushing."
- c. -

d. "Let's do some developmental testing to see in what other areas your baby is behind in development."

e. "Have your child play with an older child who uses the pincer grasp, and your baby will likely pick up the skill from the other child in a short while."

60. In assessing the amount of head lag in an infant, the nurse will:

a. see how long the infant can hold his or her own head up, measuring the time in seconds

b. -

c. measure the distance from the baby's fingertips to the ear

d. hold the baby upright in the nurse's lap and let the head fall back against the nurse's chest

e. pull the infant up by the arms from a supine to a sitting position.

61. A mother asks the nurse to tell her what creeping is. She is expecting her baby to crawl any day and another mother says that her baby creeps. The nurse explains that creeping is when the baby:

a. -

b. moves on hands and knees with the abdomen off the floor.

c. draws the legs up, stretches out, and repeats the process.

d. crawls using the elbows to scoot across the floor.

e. stands and walks on the toes with heels off the ground.

62. A mother seems concerned as she asks why her infant is walking sideways while holding onto furniture. The best response by the nurse is:

a. -

b. "Infants start walking sideways while holding onto furniture before they walk or stand alone."

c. "If you hold the baby's hands while the baby walks, you can break the baby of this habit."

d. "You need to get a neurological consultation for your baby, to rule out some pathology."

e. "You need to make an appointment with your pediatrician and have this problem checked out."

63. A mother asks the nurse to explain what fine motor skills are. She has heard that it has something to do with the ability to draw and color within the lines in school-aged children, and she is curious to know what this means in an infant. The nurse would explain that fine motor development is the ability to:

a. coordinate hand-to-eye movement in an orderly and progressive manner.

b. pick up items and move them from place to place in a voluntary fashion

c. -

d. use all of the fingers equally well and both hands in a coordinated method

e. write and draw and that infants do not have any fine motor skills

64. The nurse notices a baby in the waiting room. The baby is sitting on the mother's lap and picking up small green peas out of a bowl with a true pincer grasp and eating them unassisted. The nurse knows that this baby is at least how many months old?

a. 4 to 6 months old.

b. 13 to 15 months old.

c. -

d. 10 to 12 months old.

e. 7 to 9 months old.

65. When a mother plays peek-a-boo with a baby, the mother is helping teach the baby which of the following?

a. coordination.

b. vocal rhythm.

c. -

d. object permanence.

e. visual skill.

66. The nurse is assessing an infant who is 10 months old to determine if the infant is in Piaget's fourth substage of sensorimotor development called coordination of secondary schema. Which of the following actions would indicate to the nurse that the infant is indeed in this fourth substage?

- a. putting objects and substances into the mouth and spitting out those that taste bad.
- b. -
- c. banging a toy to produce a sound.
- d. looking and grasping for a favorite toy.

e. putting blocks of different shapes into a container with matching holes of varied shapes

67. The nurse would instruct the mother of a baby under 2 months to contact the health care provider if the baby's temperature is at which of the following readings or higher?

- a. 38.9oC (102oF).
- b. -
- c. 37.2oC (99.0oF).
- d. 37.6oC (99.6oF).

e. 37.9oC (100.2oF).

68. A mother discovers that her baby is suddenly listless. Which of the following actions would best indicate that she understood the information the nurse gave her before she was discharged from the hospital with her baby?

- a. observing the baby for 2 hours to see if the baby gets better or worse.
- b. -
- c. bathing the baby in alcohol.
- d. gently shaking the baby and calling the baby's name.

e. calling the pediatrician or nurse practitioner immediately.

69. The general treatment of common reactions to immunizations is:

- a. -
- b. acetaminophen every 4 to 6 hours for a total of 3 doses.**
- c. heat to the injection site.
- d. cool alcohol sponges for 15 minutes of every hour.
- e. Benadryl 50 mg every 4 to 6 hours for a total of 3 doses.

70. The mother asks the nurse to describe the common reactions to immunizations. The nurse tells the mother that they usually consist of redness, swelling, and tenderness at the injection site, along with:

- a. low-grade fever**
- b. fever of 38.3-38.9oC (101-102oF)
- c. -
- d. seizures
- e. chills

71. The nurse is assessing a small infant and notices that when the child's head is moved to the right or left, the eyes follow and do not lag behind as they normally do in a small infant. The nurse would document this finding as:

- a. absence of horizontal vibratory motion
- b. bilateral lag syndrome
- c. absence of doll's eye reflex**
- d. follow-through visual abnormality
- e. -

72. While assessing an infant, the nurse notices that the child does not watch objects when they are dropped. The nurse will most suspect which of the following problems that will be further assessed?

- a. absent or diminished hearing.
- b. infant depression.
- c. -
- d. visual problems.**
- e. decreased energy.

73. A caregiver calls the pediatrician's office and is desperate to talk with the pediatrician or the nurse. The baby has red swollen gums and is teething and fussy. The caregiver wants to know what

intervention to take to soothe the irritable baby. The nurse will most likely suggest:

- a. applying an alcohol rub to the gums
- b. -
- c. applying a small heated pad to the face
- d. chewing on ice chips

e. giving an ice cube in a washcloth or zwieback toast

74. The nutritional requirements of a newborn are how many kilocalories per kilogram per day?

- a. 90 kcal.
- b. 110 kcal.
- c. -

d. 120 kcal.

- e. 100 kcal.

75. You are to determine how many kilocalories per day (kcal/day) an infant who weighs 4.5 kilograms needs. The number of kcal/day would be which of the following?

- a. 420.
- b. 310.

c. 540.

- d. 660.
- e. -

76. The pediatrician suggests that the caregivers begin to introduce iron-fortified rice cereal as the first solid food to their baby. The mother later asks the nurse why the health care practitioner wants her to give the baby iron-fortified rice cereal instead of some other food. The nurse's best response to this question is that this particular cereal:

- a. is an important bulk to help the baby have semisolid bowel movements.
- b. does not have many calories and won't decrease the baby's milk intake.

c. is the easiest to digest and least likely to cause allergies.

- d. is inexpensive and high in vitamins and minerals.
- e. -

77. The nurse is talking with caregivers regarding the introduction of new foods to their baby, who has been on cereals and is now ready to start on vegetables and fruits. The most important advice the nurse will give the caregivers is to:

- a. -
- b. introduce one new food at a time at 4- to 7-day intervals.**
- c. introduce vegetables first, introduce one new vegetable per day until all vegetables are introduced, and then introduce fruits
- d. place up to three foods on the spoon at one time with an old favorite on the front of the spoon
- e. start feeding fruits and vegetables very slowly, one spoon per day

78. The mother asks the nurse if she can stop giving the baby iron-fortified rice cereal at age 13 months, as the baby prefers other foods. The best response by the nurse would be which of the following?

a. "Give the baby whatever the baby prefers, as calories are more important than content at this age."

b. "You could substitute potatoes for the iron-fortified rice cereal."

c. "Due to the baby's need for iron, you need to continue this cereal until the baby is 18 months old."

d. "Yes, that is not a problem, as your baby is now producing enough iron."

e. -

79. The nurse is working with the caregivers of a 6-month-old baby. Both caregivers are extremely neat and have talked about the difficult adjustment to changes the baby has brought to their orderly and scheduled lives. In giving anticipatory guidance, at some appropriate point, the nurse will talk about what it will be like when the child wants to eat semisolid foods. The nurse's most important focus in this anticipatory guidance will be:

- a. how messy the baby will be during feeding time

b. the caregivers' psychological needs and support of each other during this time

c. -

d. the baby's need to increase autonomy and to explore the texture and smell of food

e. ways to keep the mealtime messes to a minimum

80. The nurse can help caregivers understand the uniqueness of a child's personality and provide a guide for child-rearing techniques by assessing and explaining the:

a. ten personality traits associated with the introvert-extrovert scale.

b. caregiver's personalities and identifying any underlying pathology.

c. nine attributes of temperament and the characteristics of the personality type.

d. wake-sleep pattern and percentage of time a child spends without crying.

e. -

81. A 2-week-old baby's caregivers seek help from the nurse in understanding the baby's recent unexplained episodes of crying and inability to be consoled, no matter what they try. The nurse explains that this is probably colic. The caregivers ask: "What causes colic? Have we been doing something wrong?" The nurse's best response is:

a. "What have you been feeding this baby, and how much at a time?"

b. -

c. "I don't know if you have been doing something wrong or not. Let's look at what routines you have and your parenting practices."

d. "Do you think you have been doing anything wrong?"

e. "In most cases we don't really know what causes colic, so don't blame yourselves. We will do some checking to see if it might be an infection."

82. The nurse teaches the caregivers of a colicky baby some comfort measures. Which of the following measures would the nurse most likely teach them to use?

a. -

b. Use a front carrier and white noise and swaddle the baby, or take the baby for a car ride.

c. Keep the infant's stomach full at all times so there is no room for any gas to form.

d. Place the infant on the stomach (prone) to sleep as long as it has the symptoms of colic.

e. Place a garlic-and-oil potion around the infant's neck, to be worn 24 hours a day.

83. A family is planning to integrate solid foods into the infant's diet. Which of the following foods would be recommended for an infant?

a. cereal

b. peanut butter

c. -

d. kernel corn

e. grapes

84. Which of the following makes the kidneys of a child more susceptible to trauma compared to those of an adult?

a. Backward falls are associated with direct compression of the kidneys.

b. There are not as many renal tubules, and the kidneys themselves are not as thick as the adult kidneys.

c. -

d. The kidneys are less protected in the child due to unossified ribs and less fat padding.

e. The kidneys are much smaller and closer to the surface.

85. The nurse assessing a child who has a urinary tract infection will suspect pyelonephritis rather than cystitis when the child exhibits which of the following symptoms?

a. -

b. fever greater than 38.3oC (101oF), chills, back pain, and appearing quite ill.

c. low-grade fever, urgency, hesitancy, burning on urination, and cloudy urine.

d. scant amounts of strong-smelling urine of a very dark orange or brown color.

e. low specific gravity of urine, extreme thirst, and nausea and vomiting.

86. The nurse working with the parents of a school-aged child is teaching the parents about recognizing the symptoms of urinary tract infections. Which of the following symptoms would the nurse include along with hesitancy, dysuria, and urgency?

- a. increased restlessness just before urinating.
- b. urine that is darker yellow and stronger smelling than previously passed.
- c. -
- d. bed-wetting when nighttime control has already been established.
- e. less frequent voiding but greater volume of urine passed.

87. The nurse is teaching a caregiver who is staying in the hospital with a child who has a urinary tract infection. The nurse most needs to assess which of the following in planning a time when the caregiver will be able to concentrate on learning new concepts?

- a. the caregiver's intelligent quotient (IQ)
- b. -
- c. when the child is likely to be discharged
- d. the time lapse since the caregiver's last meal
- e. the child's level of comfort

88. The nurse is assigned to work with a child who has a urinary tract infection. The child is having bladder spasms. Which of the following interventions would be best initially to try to relieve the bladder spasms?

- a. pain medication.
- b. ice packs, provided they do not induce chills.
- c. -
- d. warm, moist heat if it does not increase fever.
- e. bladder massages.

89. The school nurse is talking with caregivers and school-aged girls about the prevention of urinary tract infections. Which of the following teachings will be most helpful in preventing urinary tract infections?

- a. "Girls should always wipe with the toilet tissue from front to back and never from back to front."
- b. "Have the children wear nylon underwear rather than cotton underwear."
- c. -
- d. "Children can learn to hold their urine for 3-4 hours to strengthen the bladder muscle tone."
- e. "Children will benefit from warm bubble baths to keep the external urinary openings clean."

90. A parent asks the nurse to explain what is meant by a secondary enuretic, because the pediatrician referred to this parent's child as a secondary enuretic. Which of the following statements by the nurse would best explain a secondary enuretic?

- a. "A secondary enuretic is a child who has been dry for at least 3 to 6 months and then resumes wetting."
- b. "In secondary enuresis the cause is not the structure of the urinary system but some pathogen or problem that has come into the system."
- c. -
- d. "Secondary enuretics have suffered enuresis in the past, and this is a repeat of the problem."
- e. "A child who primarily has encopresis and secondarily has enuresis as a problem."

91. When the nurse uses the terms enuresis and incontinence correctly, the nurse uses these terms keeping in mind which of the following facts?

- a. Incontinence is a term used only for adults, and enuresis is a term used only for children.
- b. -
- c. These terms mean the same thing.
- d. Incontinence can occur anytime, while enuresis only occurs with bed-wetting at night.
- e. Incontinence is caused by a malformation of the urinary tract, and enuresis is not.

92. In addition to oxybutynin chloride (Ditropan), which of the following medications is the one most commonly used to treat enuresis in children?

- a. carbamazepine (Tegretol)

b. tacrine (Cognex)

c. -

d. imipramine hydrochloride (Tofranil)

e. propranolol hydrochloride (Inderal)

93. The nurse is reviewing discharge teaching with caregivers of a school-aged child who is going to be taking oxybutynin chloride (Ditropan) at home. The nurse will most need to instruct the caregivers to do which of the following?

a. Give the medication just before bedtime with at least 4 ounces of water.

b. Take the blood pressure before giving the medication, hold, and call the pediatrician if the blood pressure is elevated above the baseline blood pressure.

c. -

d. Have the child take this medication while sitting down because of the side effects of dizziness and fainting spells.

e. Keep the medication secure from the child in a childproof bottle because this medication in overdose can be fatal due to cardiac arrhythmias.

94. The nurse is working on dietary interventions in a care plan for a child who has enuresis. Which of the following interventions would the nurse most likely include?

a. Eliminate carbonated beverages, dairy products, citric foods, and caffeine.

b. Reduce salt and fluid intake as well as reduce foods high in potassium.

c. -

d. Decrease intake of foods high in cholesterol, magnesium, and zinc.

e. Reduce the amount of carbohydrate and protein in the diet.

95. Why would the nurse advise a family trying to help a younger child overcome nocturnal enuresis to have the child practice using the alarm system with a doll or stuffed animal?

a. -

b. to help the child feel comfortable with the system

c. to ensure that the child won't throw the system out of the bed at night

d. to make sure the child can operate the system independently

e. to perfect the child's technique in using the system

96. The nurse is assigned to work with a child who has a diagnosis of vesicoureteral reflux (VUR). The nurse is aware that this means the child has which of the following problems?

a. exchange of urine between the inner and outer layers of the bladder

b. -

c. backflow of urine from the bladder up the ureter

d. a flow of urine between the bladder and the rectum

e. backflow of urine from the bladder up the ureter to the kidney

97. Which of the following best describes chordee, a condition that can be associated with hypospadias?

a. double openings on the penis causing two streams of urine

b. the spermatic cord is twisted on itself and feels wormlike on palpation

c. downward curvature of the penis and an incomplete foreskin

d. a urinary meatus that is too small, requiring more effort to empty the bladder

e. -

98. A nurse is instructing a caregiver about the side effects of testosterone cream applied to the penis of a child prior to surgery to correct hypospadias. The nurse will most likely tell the caregiver:

a. Sometimes the testosterone will cause the child to be more aggressive or agitated, but these behaviors will go away when the medication is stopped.

b. -

c. The testosterone may cause the child to have erections and possibly ejaculation, but when the cream is discontinued, the erections will stop.

d. The testosterone cream was used to thicken the skin of the penis to make surgery easier. This thickening will go away when the cream is stopped.

e. The testosterone was used to increase the size of the penis to make surgery easier. This size and any pubic hair will go away when the cream is stopped.

99. The nurse is assigned to a child who had surgery for repair of hypospadias and the child has a bladder stent. Upon assessment, the nurse finds that the child is suffering bladder spasms. Which of the following medications ordered by the surgeon alleviates bladder spasm?

a. -

b. oxybutynin chloride (Ditropan)

c. guanadrel sulfate (Hylorel)

d. dezocine (Dalgan)

e. propranolol (Inderal)

100. Upon assessment of a child, the nurse finds a testis that has descended normally but easily retracts with physical examination. Which of the following terms describes this finding?

a. retractile testis

b. torticollis

c. -

d. cryptorchidism

e. ectopic testis

101. The management of cryptorchidism usually involves which of the following interventions?

a. orchiopexy surgery performed as soon as possible after detection of the cryptorchidism

b. large doses of testosterone given daily

c. observation while awaiting spontaneous descent of the testes in the first year after birth

d. downward massaging of the testis involved to encourage downward migration

e. -

102. Upon examining a child, the nurse found a bulge or swelling in the groin and suspected an inguinal hernia. Which of the following tests will the nurse use to verify that this is a hernia?

a. "Take as deep a breath as you can, and hold it as long as you can."

b. "Lie down with your knees bent, and try to bring them up to your tummy."

c. -

d. "Strain or push down as if you were trying hard to pee or poop."

e. "Stand up and jump up and down several times."

103. On finding an inguinal hernia in a child, the nurse in the pediatric clinic will teach the mother that until the child has surgery for the hernia, the mother should do which of the following if the child has pain and intense inconsolable irritability, with or without vomiting and abdominal distension?

a. Make an appointment with the physician as soon as possible.

b. Keep the child on bed rest to see if the symptoms subside.

c. -

d. Contact the physician immediately, or take the child to the emergency room.

e. Apply ice to the groin area for 30 minutes on and 30 minutes off for 8 hours.

104. Parents of a child admitted to the pediatric ward ask the nurse to tell them what causes acute glomerulonephritis because the pediatrician has mentioned this as a possible diagnosis. The correct answer by the nurse would be to tell the family that acute glomerulonephritis is an inflammation of glomeruli within the kidney caused by which of the following?

a. a bacterial or viral agent invading the child's system

b. an uncommon genetic defect involving a renin deficiency

c. -

d. failure of the adrenal glands to produce sufficient aldosterone

e. habitual failure to flush the kidneys with sufficient fluid

105. You are the nurse assigned to care for a child with acute glomerulonephritis. After receiving report and doing an initial assessment, you check the lab reports. You would not be surprised to find which of the following signs and symptoms consistent with the diagnosis of acute glomerulonephritis?

a. hypotension, dry skin, decreased serum sodium levels, and decreased potassium.

b. pale yellow urine in copious amounts, low specific gravity, increased glomerular filtration rate.

c. hematuria, dependent edema, elevated serum sodium, diminished glomerular filtration rate, proteinuria.

d. ketone bodies in the urine, diminished serum sodium, orthostatic hypotension.

e. -

106. The nurse is assigned to work with a child diagnosed with nephrotic syndrome. The nurse knows that this renal problem is characterized by massive proteinuria and hypoalbuminemia, which tells the nurse to assess for which of the following signs or symptoms?

a. -

b. edema and hyperlipidemia.

c. orientation.

d. level of consciousness.

e. dehydration and weight loss.

107. Which of the following causes primary nephrotic syndrome?

a. -

b. glomerular disease of the kidney.

c. lead poisoning.

d. hepatitis.

e. childhood cancer or its therapies.

108. Which treatment is the mainstay for acute glomerulonephritis?

a. corticosteroid therapy.

b. blood transfusions.

c. -

d. high-protein diet.

e. antibiotic therapy.

109. You are the nurse assigned to work with a child with acute glomerulonephritis. By following the prescribed treatment regimen, the child experiences a remission. You are now checking to make sure the child does not have a relapse. Which finding would most lead you to the conclusion that a relapse was happening?

a. the urine dipstick showing glucose in the urine for 3 days, extreme thirst, increase in urine output, and a moon face.

b. -

c. a temperature of 37.8°C (100°F), flank pain, burning, frequency, urgency on voiding, and cloudy urine.

d. elevated temperature, cough, sore throat, changing complete blood count (CBC) with differential.

e. a urine dipstick measurement of 2+ proteinuria or more for 3 days, or the child found to have 3-4+ proteinuria plus edema.

110. Which of the following are prodromal symptoms of hemolytic uremic syndrome?

a. headache, dizziness, loss of energy, edema in dependent parts of the body.

b. -

c. frequency, urgency, pain, and burning on urination with gross blood in a cloudy urine.

d. chills, fever, flank pain, elevated blood pressure, pulse, and respirations.

e. gastrointestinal symptoms with diarrhea and vomiting or an upper respiratory infection.

111. Which of the following are the clinical manifestations of hemolytic uremic syndrome?

a. -

b. renal failure, thrombocytopenia, and anemia

c. frost on the skin and increasing disorientation

d. blood in the urine and increased blood pressure

e. left-sided heart failure and 4+ pitting edema

112. The nurse caring for a child with hemolytic uremic syndrome notices that the child's lab reports indicate a worsening anemia and a falling hematocrit and platelet count. The nurse will most need to

plan some interventions to deal with which of the following problems that the child is most at risk of developing based on these changes in lab values?

a. bruising, bleeding, and purpura.

b. altered levels of consciousness and seizures.

c. -

d. congestive heart failure.

e. edema and electrolyte imbalance.

113. The nurse will teach the caregivers about the need for small, frequent feedings by explaining to them that newborns and infants have:

a. -

b. a 10- to 20-milliliter stomach capacity at birth

c. slower peristalsis

d. a slower metabolic rate than adults

e. decreased emptying rate

114. Which of the following signs is most often the first sign when cleft palate is not diagnosed at birth?

a. formula coming from the nose

b. coughing when given formula or breast milk

c. -

d. choking during feedings

e. inability to nurse or take the bottle

115. The parents of a newborn who was born with a cleft lip asks the nurse when surgery is usually performed on this condition. The nurse will inform the parents that closure of the lip is usually performed when the infant is:

a. 18 months old or 20 pounds

b. -

c. 2 weeks old or at least 10 pounds

d. 1 year old or 20 pounds

e. .3 months of age or 12 pounds

116. When the nurse talks with parents of a newborn who was born with a cleft palate, the nurse keeps in mind that surgery for clefts of the hard or soft palate are surgically closed at approximately what age?

a. 1-1/2 years

b. -

c. 3 months

d. 6 months

e. .1 year

117. The family of a baby who has just had a surgical repair for esophageal atresia with tracheoesophageal fistula asks the nurse when the oral feedings will begin. The nurse's best response is that the feeding usually begins at which of the following times?

a. in 24 hours after surgery

b. as soon as the anesthesia has worn off

c. about 8 to 10 days after surgery

d. as soon as the child can tolerate clear water

e. -

118. The nurse is talking with parents about the prevention of otitis media. Which of the following would the nurse identify as preventive measures?

a. immunizations and breastfeeding

b. providing the child with adequate calories and a balanced diet

c. -

d. side-lying position for sleep

e. daily vitamin and mineral supplement

119. The nurse is caring for a child with sickle cell disease who is scheduled to have a splenectomy. What information should the nurse explain to the parents regarding the reason for a splenectomy?

a. To prevent splenic sequestration.

b. To prevent sickling of red blood cells.

c. -

d. To prevent sickle cell crisis.

e. To decrease potential for infection.

120. The nurse is caring for a 10-year-old post parathyroidectomy. Discharge teaching should include which of the following?

a. How to administer injectable growth hormone.

b. How to administer subcutaneous insulin.

c. -

d. The importance of supplemental calcium in the diet.

e. The importance of increasing folic acid in the diet.