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Kaplan Pediatric A Remediation

1. The school nurse assesses children enrolled in a kindergarten class. The nurse is most concerned if which finding is observed?
   1. I chose “A child eats with the fingers”. The correct answer was “A child walks down stairs by placing both feet on one step”.
   2. This is the correct answer because at a kindergarten age, a child should be able to walk down the stairs using alternating feet.
2. The nurse plans care for an infant client diagnosed with a myelomeningocele. Which principle of nursing care is most important to apply when caring for this infant?
   1. I chose “Hygiene”. The correct answer was “Asepsis”.
   2. This is the correct answer because myelomeningocele is a birth defect of the spine and spinal cord, and asepsis is important to prevent the spread of infection to the central nervous system.
3. A child client is admitted with chronic lead poisoning. Which symptoms does the nurse expect to see?
   1. I chose “Polycythemia, hypoactivity, and impaired liver function”. The correct answer was “Anemia, seizures and learning disabilities”.
   2. This is the correct answer because those above symptoms are symptoms of chronic lead poisoning. I didn’t know what the symptoms of lead poisoning were.
4. The nurse instructs a 10-year old client about how to collect a 24-hour urine specimen at home using a clean, empty jar. Which size jar does the nurse recommend that the client use for the collection?
   1. I chose “An 8-ounce jar”. The correct answer was “48-ounce jar”.
   2. This is the correct answer because the expected urine output for a 10 year old child is about 1200mL. I have no idea what a normal urine output is, and also ounces give no significance to me.
5. A school age client is admitted to the hospital with a diagnosis of idiopathic hypopituitarism. Which clinical manifestation is the nurse most likely to observe?
   1. I chose “hyperglycemia”. The correct answer was “short stature”.
   2. This is the correct answer because pediatric patients with idiopathic hypopituitarism usually have short stature and slow growth.
6. The nurse observes a child client walk up and down steps. The nurse notes the child has a steady gait and can use short sentences. The nurse estimates the child’s age to be how many months?
   1. I chose “14 months”. The correct answer was “24 months”.
   2. This is the correct answer because a 24 month old child can go up and down stairs alone, I do not know the normal stages of development.
7. The clinic nurse teaches a parent how to care for a child with impetigo. The nurse knows the greatest danger associated with an impetigo infection is the risk of which complication?
   1. I chose “Progressive tissue necrosis and gangrene”. The correct answer was “developing glomerulonephritis”.
   2. This is the correct answer because impetigo is caused by the same organism that is responsible for glomerulonephritis.
8. The nurse provides care for a newborn client diagnosed with hip dysplasia. The nurse expects which method of treatment to be used for the client?
   1. I chose “Placing a small pillow between the legs”. The correct answer was “Pavlik harness”.
   2. This is the correct answer because a Pavlik harness is used to treat hip dysplasia in newborn clients. A pillow will not achieve the proper abduction that is needed for the correction.
9. A preschool-age client comes to the clinic for a routine exam. The parent reports the child likes to jump and climb, questions everything, and is often observed interacting with an “imaginary” best friend. The nurse advises the parent to take which action?
   1. I chose “Encourage the child to play more often with other children”. The correct answer was “allow the child to engage in imaginary play”.
   2. This is the correct answer because having imaginary friends is a normal and common occurrence.
10. A toddler client has nausea, vomiting and diarrhea. Which implementation is best for the nurse to use to maintain an adequate fluid intake?
    1. I chose “Keep the client NPO and give hypotonic solutions intravenously”. The correct answer was “offer oral rehydration solutions to rehydrate”.
    2. This is the correct answer because oral rehydration solutions contain sodium, potassium, chloride, citrate and glucose.
11. A parent brings in a newborn client to the healthcare provider’s office. The newborn is vomiting, has abdominal distention, and is diagnosed with pyloric stenosis. Which characteristic of the newborn’s emesis does the nurse expect?
    1. I chose “diminished after feedings”. The correct answer was “projectile and forceful”.
    2. This is the correct answer because an infant with pyloric stenosis with present with projectile vomiting and abdominal distention.
12. A school-age client is diagnosed with a tonic-clonic seizure disorder. The home health nurse intervenes if which finding is observed?
    1. I chose “the child eats peanut butter and jelly sandwiches”. The correct answer was “the parent takes the child’s temperature using an oral electronic thermometer”.
    2. This is the correct answer because seizures can happen without warning, so having something in the mouth can be dangerous if the child starts having a seizure.
13. The nurse performs a home care visit for a child client diagnosed with cystic fibrosis. The nurse intervenes if which finding is observed?
    1. I chose “the child swallows the pancreatic enzyme capsules whole”. The correct answer was “The child takes the pancreatic enzymes one hour after eating.”
    2. This is the correct answer because enzymes should be taken at the beginning of a meal, with a snack or within 30 minutes of eating.
14. An infant client is diagnosed with a cyanotic congenital heart defect. The nurse knows a cyanotic congenital heart defect is associated with which symptom as reported by the parent?
    1. I chose “clubbing of the fingers and swelling of the feet”. The correct answer was “poor feeding with no or very poor weight gain”.
    2. This is the correct answer because reports of poor feeding, difficulty feeding and poor weight gain or no gain are symptoms that occur in infants with CHHD.
15. The nurse provides teaching to an adolescent client and parent about the brace the adolescent will wear to correct a scoliosis deformity. Which statement made by the parent indicates that teaching was successful?
    1. I chose “Daily tub baths are preferred to showers”. The correct answer was “the brace should be worn 23 hours a day”.
    2. This is the correct answer because the brace should be worn 23 hours a day.
16. The home care nurse visits a child client diagnosed at birth with phenylketonuria. The nurse assesses the client’s intake for previous week. The nurse is most concerned if the parent makes which statement?
    1. I chose “My child eats low-protein pasta for dinner”. The correct answer was “My child’s favorite lunch is a peanut butter and jelly sandwich”.
    2. This is the correct answer because peanut butter is not allowed on this diet because of the high protein.
17. A toddler client accidentally drinks some drain cleaner and is brought to the emergency department. Which piece of equipment is most essential for the nurse when caring for the client?
    1. I chose “Gastric lavage tube”. The correct answer was “intubation tray”.
    2. This is the correct answer because an intubation tray is the most essential piece of equipment for the nurse to have on hand.
18. The nurse performs assessments in the well-baby clinic. The nurse identifies which finding as an early warning sign of cerebral palsy?
    1. I chose “The 6-month old infant is unable to crawl across the room”. The correct answer “the 4 month old infant lacks head control”.
    2. This the correct indication of CP is delayed gross motor development. Signs include stiff or rigid arms or legs, arching back, and floppy or limp body posture.