Test Bank for Pediatric Nursing Care - A Concept-Based Approach 1st Linnard-Palmer

Pediatric Nursing Care, 2e
Luanne Linnard-Palmer
Assessment Quiz
Chapter 2

Import Settings:
Base Settings: Brownstone Default
Information Field: Complexity
Information Field: Ahead
Information Field: Subject
Information Field: Feedback
Information Field: Taxonomy
Information Field: Objective
Highest Answer Letter: D
Multiple Keywords in Same Paragraph: No

Chapter: Chapter 2– Chapter Quizzes

Multiple Choice

1. As a pediatric nurse in the hospice setting, what is the direct care you are providing geared toward?
A) Assessment of patient's medical condition
B) Confirmation of a diagnosis
C) Symptom management
D) Restoration of functional capacity
Ans: C
Complexity: Moderate
Ahead: Competencies According to Setting
Subject: Chapter 2
Taxonomy: Application

Multiple Choice

2. Being that infants are obligate nose breathers for the first 8-12 weeks of life, as a pediatric nurse, what action would you take if you encounter an infant who is congested?
A) Initiate oxygen therapy
B) Administer oral decongestants
C) Suction the nose to ensure patency
D) Place patient in the sniffing position
Ans: C
Complexity: Moderate
Ahead: Basic Competencies in Pediatric Nursing
Subject: Chapter 2
Taxonomy: Application

Multiple Choice

3. Because children have less tidal volume compared to adults, as a pediatric nurse, what action would you take if you experience a child in early respiratory distress due to pulmonary obstruction, inflammation, or secretions?
A) Initiate oxygen therapy
B) Administer oral decongestants
C) Suction the nose to ensure patency
D) Place patient in the sniffing position
Ans: A
Complexity: Moderate
Ahead: Basic Competencies in Pediatric Nursing
Subject: Chapter 2
Taxonomy: Application

Multiple Choice

4. Children will compensate for dehydration, trauma with blood loss, and other insults to the cardiovascular system for a period of time. What will occur if this condition goes untreated?
A) Blood pressure will drop rapidly.
B) Renal failure will occur.
C) Fluid will accumulate in the intracranial region.
D) Respiratory distress will likely develop.
Ans: A
Complexity: Moderate
Ahead: Basic Competencies in Pediatric Nursing
Subject: Chapter 2
Taxonomy: Analysis

Multiple Choice

5. For what reason should young infants experiencing pulmonary illnesses be placed in a sniffing position as not to occlude their airway?
A) Young infants have poorly developed intercostal muscles.
B) The pediatric airway is triangular in shape.
C) Infants have larger occipital cranial bones compared to adults.
D) A child's tongue is disproportionately larger than that of an adult.
Ans: C
Complexity: Moderate
Ahead: Basic Competencies in Pediatric Nursing
Subject: Chapter 2
Taxonomy: Analysis

Multiple Choice

6. As a pediatric nurse, what action would you take to ensure all pertinent information is communicated during a patient handoff?
A) Follow the SBAR protocol
B) Follow the CUS protocol
C) Follow the I-PASS mnemonic
D) Follow the KIDS SAFE mnemonic
Ans: C
Complexity: Moderate
Ahead: Effective Communication Within the Healthcare Team
Subject: Chapter 2
Taxonomy: Analysis

Multiple Choice

7. If a staff member comes to you and states, “I think we have a safety issue”, as a pediatric nurse, what should you do to uncover and solve this issue?
A) Communicate using the SBAR protocol
B) Communicate using the CUS protocol
C) Communicate using the I-PASS mnemonic
D) Communicate using the KIDS SAFE mnemonic
Ans: B
Complexity: Moderate
Ahead: Effective Communication Within a Healthcare Team
Subject: Chapter 2
Taxonomy: Application

Multiple Choice

8. As a school nurse, a child presents to you complaining of dizziness. What type of therapeutic care are you expected to administer?
A) Oxygen therapy
B) Intravenous hydration
C) Glucose replenishment
D) Nothing beyond basic first aid
Ans: D
Complexity: Moderate
Ahead: Competencies According to Setting
Subject: Chapter 2
Taxonomy: Application

Multiple Choice

9. If a child is suffering from an illness such as appendicitis or bronchiolitis, what setting would be most appropriate for the care of this child?
A) Outpatient setting
B) Acute-care setting
C) Palliative care setting
D) Hospice care setting
Ans: B
Complexity: Moderate
Ahead: Competencies According to Setting
Subject: Chapter 2
Taxonomy: Analysis

Multiple Choice

10. As a pediatric nurse in the pediatric intensive care unit, how can you ensure the safety of all patients under your care?
A) Follow the SBAR protocol
B) Follow the CUS protocol
C) Follow the I-PASS mnemonic
D) Follow the KIDS SAFE mnemonic
Ans: D
Complexity: Moderate
Ahead: Competencies According to Setting
Subject: Chapter 2
Taxonomy: Application

Trend Extended Multiple Response

Chart information:
Health History: A 6-month-old female is brought in by mother to a well-child visit at the pediatric clinic. Infant is bottle fed and beginning to have pureed cereal. Sits up supported and rolls over. No past medical or surgical history. Birth history of vaginal delivery at 39 weeks, no complications. Immunizations up to date.

11. A pediatric nurse is caring for a child in the pediatric clinic. Which components should be included in this child's well-child visit? **Select all that apply.**
A) Administration of DTaP immunization
B) Assessment of body mass index
C) Breastfeeding education
D) Dental assessment and referral
E) Measurement of occipital-frontal circumference (OFC)
F) Vital signs
Ans: A, E, F

Rationale/feedback:
A) Scheduled immunizations are a component of a well-child visit. At 6 months of age, DTaP is scheduled.
B) Assessment of body mass index is done at well-child visits beginning at 2 years, not 6 months.
C) Breastfeeding education could be a component of a well-child visit if this infant was not being bottle fed.
D) Dental assessment and referral is a component of a well-child visit beginning at 1 year old, not 6 months.
E) Measuring the occipital-frontal circumference is done at well-child visits from birth to 2 years or as needed beyond.
F) Vital signs are a critical component of all well-child visits.
Complexity: Moderate
Ahead: Introduction
Subject: Chapter 2
Taxonomy: Analysis

Trend Extended Multiple Response

Chart information:
Health History: A 2-month-old male is brought into the emergency department for respiratory distress and poor feeding. Previous history includes preterm birth at 34 weeks with 3-week NICU stay. Mother reports infant was doing well at home until 2 days ago, when symptoms began.

Nurses' Note: Infant in high-top crib, sleeping. No signs of respiratory distress. High-flow nasal cannula (HFNC) at 2 L and 24% oxygen. Changed diaper, one stool. Skin intact. Mother at bedside.

Vital Signs
Temperature 99°F (37.2°C)
Pulse 132 bpm
Respirations 48 breaths/minute
SaO2 99% on HFNC

Laboratory Results
WBC 13,400 cells/mcL (3,000-10,000 cells/mcL)
RBC 4.9 million/ L (4-6 million/L)
Respiratory Syncytial Virus (RSV) +
Influenza A –
Influenza B –

12. Based on the information in the client's chart, which information would the nurse include in the parent's education? **Select all that apply.**
A) A bulging soft spot can indicate worsening dehydration and needs to be reported.
B) Because of the risk of fever, it is imperative that the child be dressed in only a diaper.
C) Nasal suctioning should be done as needed to keep the airway patent.
D) Report if you notice your child's skin between the ribs being sucked inward with breathing.
E) The blood work is being closely monitored because of the risk of bleeding.
F) To prevent worsening diaper rash, apply a thin layer of diaper cream to the buttocks.
Ans: C, D
Rationale/feedback:
A) Dehydration is a risk with RSV, but it is detected via a sunken fontanel or soft spot not bulging.

B) Although fever is a risk with RSV, keeping the infant in a diaper only to prevent a fever is counterproductive because infants experience heat loss more readily than adults due to their larger body surface area.
C) RSV causes copious nasal secretions that need to be suctioned out to keep the airway patent since infants less than 3 months old are obligate nose breathers.
D) Intercostal retractions are a sign of severe respiratory distress in children and may occur with RSV.
E) Bleeding is not a risk of RSV, but children are more likely to experience a drop in hemoglobin and hematocrit if bleeding occurs due to less total circulating blood volume.
F) This infant does not have diaper rash and would not require diaper cream. If diaper cream is needed for infants, it is important to apply a thin layer since their thinner skin tends to absorb topical products.
Complexity: Difficult
Ahead: Basic Competencies in Pediatric Nursing
Subject: Chapter 2
Taxonomy: Evaluation

Trend Extended Multiple Response

Chart information:
Health History: A 4-month-old female was brought to the emergency department by parents for 2-day history of fever and poor feeding. No past medical or surgical history. Immunizations up to date.

Nurses' Note: Child lethargic and hypotonic. Pallor and mottling noted. PERRL. Dry mucous membranes and chapped lips. Lungs clear to auscultation. Tachypneic. Tachycardic. Weak peripheral pulses. Capillary refill time of 4 seconds. Bowel sounds hypoactive. Last bowel movement yesterday morning. Last urination last night prior to bed. Parents at bedside.

Vital Signs
T 100.2°F (37.9°C)
P 168 bpm
RR 62 breaths/ minute
SaO2 91% on room air

13. The nurse in the pediatric unit reviews the client's chart. Which finding from the client's health data would the nurse report immediately? **Select all that apply.**
A) Abnormal level of consciousness
B) Decreased oxygen saturation
C) Elevated temperature
D) Pallor noted
E) Presence of retractions
F) Prolonged capillary refill time
Ans: A, B, F
Rationale/feedback:
A) A decreased level of consciousness, such as lethargy, must be reported immediately.
B) A decreased oxygen saturation, for example 91% on room air, needs to be reported immediately.
C) Abnormal vital signs must be reported, but the infant's temperature of 100.2°F (37.9°C) is not considered abnormal.
D) Pallor, while evident in this client, does not need to be immediately reported.
E) Signs of respiratory distress, such as retractions, do need to be reported, but this infant is not exhibiting retractions.
F) A capillary refill of 4 seconds is considered prolonged and must be reported immediately.

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Complexity: Difficult
Ahead: Effective Communication within a Health Care Team
Subject: Chapter 2
Taxonomy: Analysis

Trend Extended Multiple Response

Chart information:
Health History 08/04/XX 2145: A 7-month-old female was brought to the emergency department for difficulty breathing. Began a few hours prior, following a 2-day history of rhinorrhea, irritability, and poor feeding. No past medical or surgical history. Immunizations up to date.

Vital Signs 08/07/XX 0630
T 97.9°F (36.6°C)
P 96 bpm
RR 28 breaths/ minutes
SaO2 99% on room air

Laboratory Results
08/07/XX 0530
RBC 4.6 million/ L (4-6 million/L)
WBC 11,100 cells/mcL (3,000-10,000 cells/mcL)
08/04/XX 2220
WBC 13,500 cells/mcL (3,000-10,000 cells/mcL)
Influenza A +
Influenza B –
RSV +

14. The nurse is caring for a child in the pediatric unit and preparing to end the shift. Which information must be included in the handoff report? **Select all that apply.**
A) Infant is expected to be discharged this morning.
B) Infant was admitted for poor feeding and dehydration.
C) Mother is nervous about a repeat episode of respiratory distress at home.
D) Need for 6-month immunizations prior to discharge.
E) Nurse was away from the unit for one hour for continuing education during the shift.
F) The paternal grandmother has emphysema.
Ans: A, C
Rationale/feedback:
A) Communicating the action list, the A in I-PASS, is imperative during a handoff. An expected discharge order should be included in the handoff.
B) While the chief complaint should be included in the handoff, the chief complaint was respiratory distress not poor feeding and dehydration.
C) The family's emotional state should be included in the handoff. This is part of situation awareness in I-PASS.
D) The needs of the patient should be communicated during handoff, but the 6-month immunizations are not needed for this infant.
E) The handoff should be focused on the patient not on the nurse's activity, such as being away from the unit.
F) Pertinent medical history must be communicated in the handoff, but the paternal grandmother's diagnosis of emphysema is not considered pertinent.

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Ahead: Effective Communication with a Health Care Team
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Trend Extended Multiple Response

Chart information:
Health History 11/13/XX 0908: An 8-year-old female was brought via EMS to the emergency department for seizure activity. Parents reported onset of fever yesterday evening. No previous seizures reported. History of cerebral palsy with mild global developmental delay. G-tube was placed 7 years prior. Used to administer overnight feeds. Immunizations not up to date.

Nurses' Notes 11/13/XX 0935: Seizure lasted 5 minutes. Ativan per rectum administered. Child is lethargic. Per healthcare provider's orders, began NPO status. Last intake was 4 hours ago with sips of water. Parents at bedside in emergency department. Awaiting further healthcare provider orders.

Vital Signs 11/13/XX 0935
Temperature 104.8°F (40.4°C)
Pulse 136 bpm
Respiratory rate 26 breaths/minute

15. Based on the client's health data and setting, which intervention would the nurse implement? **Select all that apply.**
A) Administer scheduled enteral feed.
B) Administer STAT ceftriaxone.
C) Assist the healthcare provider perform a lumbar puncture.
D) Insert an IV and obtain a complete blood count.
E) Perform the tuberculin skin test.
F) Titrate the dose of Dilaudid IV to manage pain.
Ans: B, C, D
Rationale/feedback:
A) Enteral feedings should not be given in this instance since the child is NPO. Generally, emergency department nurses do not administer scheduled feeds.
B) Administering a STAT antibiotic should be done by the emergency department nurse.
C) Since the signs and symptoms point to possible meningitis, it is imperative that a lumbar puncture should be done by the healthcare provider. An emergency room nurse would anticipate helping with this procedure.
D) The emergency room nurse would be expected to insert an IV and obtain blood work.
E) Performing health screenings, such as a tuberculin skin test, is often done by nurses in outpatient clinics, not the emergency room nurse.
F) Titrating the dose of pain medication is often done by a hospice nurse, not the emergency department nurse.
Complexity: Difficult
Ahead: Competencies According to Setting
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Taxonomy: Analysis

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