Test Bank for Clinical Guidelines for Advanced Practice Nursing 3rd Collins-Bride

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Testbank for

Clinical Guidelines for Advanced Practice Nursing, Third Edition

by

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Chapter 1 Testbank Legal Scope of Advanced Nursing Practice

1) The advanced practice registered nurse's scope of practice rests at the level of the:
   a) Federal government
   b) State government
   c) Professional organization
   d) Employing agency

2) Which statement accurately defines a professional practice statute for health professionals?
   a) A law or act that explains the training requirements and allowed behaviors for healthcare professionals.
   b) A code that delineates a legal and ethical framework for healthcare professional practice in a specific state.
   c) A law that delineates legal and illegal behaviors for healthcare professionals.
   d) A business code that outlines permissible and compensable healthcare functions per healthcare profession.

3) Regulations are specific rules that often delineate how to implement components of the statutes (e.g., regulations related to registered nurses performing overlapping functions with medicine).
   a) True
   b) False

4) If part of a healthcare professional statute is confusing to professional agencies, resolution can best be facilitated via:
   a) A position statement from healthcare professional organization(s)
   b) The implementation of new regulations
   c) An official opinion from the attorney general
   d) A statement from the Federal Trade Commission

5) You are an advanced practice registered nurse working in a state that requires supervision by a physician when performing overlapping functions with medicine. You have just accepted a new job in small private practice with a physician. The physician states given this requirement that she will determine which functions you may and may not perform. An appropriate response would be:
   a) "This sounds reasonable. Let's put this information in writing."
   b) "Let's review the available resources on my scope of practice from the Board of Registered Nursing to note the conditions of supervision and allowable functions."
   c) "We should consult your attorney about our scopes of practice. We can then finalize my employment contract."
   d) None of the above are appropriate.

6) You and several advanced practice registered nurse colleagues are discussing the possibility of opening a practice together. The best approach to getting an initial understanding of scope of practice and other legal issues would be:
   a) Hire an attorney for a legal opinion

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b) Discuss the issue with other advanced practice registered nurses
c) Consult the legal and regulatory section of your professional agency's website
d) Seek advice from the office of the attorney general

7) Advanced practice registered nurses must always act under defined standardized procedures.
a) True
b) False

Chapter 2 Testbank First Well-Baby Visit

1) According to the American Academy of Pediatrics (AAP), outpatient well-child care should be initiated within the first week following discharge.
a) True
b) False

2) To be eligible for early postnatal discharge, it is expected that the newborn should have:
a) Stooled at least once since birth
b) Demonstrated a minimum of two successful feedings
c) Had hyperbilirubinemia treated adequately with phototherapy

3) Findings on the cranial exam that may alter the initial measurement of head circumference include cephalohematoma, caput succedaneum, and molding.
a) True
b) False

4) Screening for hearing loss is currently recommended for all infants within the first postnatal month.

a) True
b) False

5) Screening for critical congenital heart defects (CCHD) uses pulse oximetry and is mandated for all newborns to improve early detection and prompt management.
a) True
b) False

6) The AAP recommends that infants with visible jaundice noted prior to 24 hours of age be screened with a serologic or transcutaneous bilirubin test.
a) True
b) False

7) According to Centers for Disease Control and Prevention (CDC), immunization recommendations include:

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a) Administration of all recommended childhood vaccinations starting at 2 months postnatal age, except hepatitis B vaccination, which is given within the first postnatal month
b) Administration of all recommended childhood vaccinations starting at 2 months postnatal age
c) Administration of all recommended childhood vaccinations starting at 2 months postnatal age, except for hepatitis B vaccine, which is always given immediately after birth

8) When counseling the new parent it is appropriate to indicate that no extra water is typically needed in the neonate's diet as both breast milk and regular infant formula provide sufficient fluid to meet dietary needs.

a) True
b) False

9) When parents elect to use a formula for infant nutrition, it is appropriate to recommend an iron-fortified formula to meet the infant's nutritional needs.

a) True
b) False

10) The AAP recommends that all late preterm infants (LPI), due to their increased risks for rehospitalization in the early neonatal period, be seen for a first outpatient visit no later than 48 hours following discharge.

a) True
b) False

Chapter 3 Testbank Care of the Postneonatal Intensive Care Unit Graduate

1) Apnea can be associated with immature regulation of breathing and may complicate the course of the recuperating preterm infant until the time of discharge

a. True
b. False

2) Gastroesophageal reflux disease (GERD) in the recuperating neonate can often be effectively managed with small-volume, frequent feedings and postprandial positioning that optimizes stomach emptying.

a. True
b. False

3) When pharmacologic agents are used to manage GERD that is unresponsive to conservative measures such as feeding or position changes, one desirable clinical effect is increased

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gastric emptying to limit the volume of potential refluxate.

a. True
b. False

4) Hearing screening is recommended for all infants but additionally indicated for the infant who has been hospitalized in the neonatal intensive care unit (NICU) because:
a) The rate of hearing loss in post-NICU graduates is 1.5%
b) Early intervention can contribute to improved outcomes
c) Preterm infants comprise 11% of all births

Note: all three statements are correct, but the best answer specific to post-NICU population is choice a.

5) Due to increased vulnerability to infection, at-risk post-NICU infants can benefit from respiratory syncytial virus (RSV) infection prophylaxis during peak transmission seasons

a. True
b. False

6) NICU and post-NICU infants and their families are at risk for a type of posttraumatic stress disorder due to the cumulative impact of anxiety and uncertainty about the child's outcome.

a. True
b. False

7) Approximately how many preterm infants are born annually in the United States:
a) 11%, including all infants born less than 37 weeks completed gestational age
b) Three-quarters of infant births
c) 11%, in addition to those born between 34 and 37 weeks completed gestational age

8) Joshua was born @ 27 weeks gestation and weighed 1,020 grams. He is now 39 weeks postmenstrual age and approaching discharge with an active diagnosis of bronchopulmonary dysplasia (BPD). In addition to ongoing pulmonary vulnerability, he remains at substantial risk for:
a) Postnatal growth failure
b) Respiratory distress syndrome (RDS)
c) Germinal matrix and intraventricular hemorrhage

9) Until the recuperating premature infant completes the 50th week of postmenstrual age, the Fenton growth chart is currently recommended for growth assessment/documentation.
a. True
b. False

10) When making a determination of size for a newborn in the NICU, which is correct?:
a) Very, very low birth weight (VVLBW) for those < 1,000 grams birth weight
b) Low birth weight (LBW) for those < 2,500 grams birth weight

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c) Very low birth weight (VLBW) for those born < 27 weeks gestational age

Chapter 4 Testbank 0 to 3 Years of Age Interval Visit

1) Infants and young toddlers older than 6 months of age may be more comfortable being assessed in their caregiver's lap.
   a) True
   b) False

2) What are some strategies you can use during your assessment to developmentally accommodate an infant or toddler?
   a) Initially avoiding eye contact with the child
   b) Performing a more system-focused assessment
   c) Respecting the toddler's space
   d) **All of the above**

3) When collecting a neurological review of systems history on a 1-year-old infant presenting to the clinic for an initial visit, all of the following would be included in the history except:
   a) Hand dominance
   b) Feeds self
   c) Bowing of the legs
   d) Toe-walking

4) Medication and history of allergies are assessed as part of review of systems.
   a) True
   b) False

5) What is a recommended screening for lead poisoning?
   a) Universal screening
   b) Targeted screening
   c) Follow the state-screening program
   d) **All of the above**

6) When do you start oral health risk assessment?
   a) Birth
   b) **6 months**
   c) 12 months
   d) 24 months

7) The cover–uncover test is part of what system assessment?
   a) **Eye**
   b) Ear
   c) Neurologic
   d) Heart

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8) All of the following aspects of behavior are part of the review of systems except:
   a) Crying
   b) Temper tantrums
   c) Stranger anxiety
   d) Toilet training

9) One of the important aspects of oral health assessment in infants and children is to assess:
   a) **Parent oral health**
   b) Frequency of respiratory illness
   c) Language
   d) Protein intake

10) At what ages should advanced practice nurses (APNs) perform a risk-assessment screening for iron deficiency?
   a) Every 6 months
   b) 4, 6, 9, and 24 months
   c) **4, 15, 18, 24, 30, and 36 months**
   d) At 1 year and 2 years of age

Chapter 5 Testbank 3 to 6 Years of Age Interval Visit

1) Components of the health history in early childhood that indicate increased risk for exposure to indoor and outdoor environmental health hazards include:
   a) Parental occupation
   b) Housing near heavy traffic routes
   c) Damp walls and mold
   d) b and c
   e) All of the above

2) In evaluating a 4-year-old during a well-child visit, the APN becomes concerned about the child's developmental milestones. All of the following would indicate a delay in a 4-year-old except:
   a) Dresses independently
   b) Unable to copy a cross
   c) Unable to jump
   d) Resisting toilet training

3) Evaluation of nutritional intake in a 3-year-old includes:
   a) Frequency of fast-food meals and sugar-sweetened beverages
   b) Source of water and fluoride
   c) Limiting whole grains
   d) a and b
   e) All of the above

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4) Lead screening is recommended at each well-child visit checks in children 3 to 5 years of age.
   a) True
   b) False

5) Dental health care in 3-year-olds includes twice daily brushing and a dental visit every 6 months; flossing is not recommended.
   a) True
   b) False

6) A normal evaluation of physical development in a 6-year-old includes all of the following except:
   a) Skips
   b) Draws a person with six body parts
   c) Reverses letters and numbers
   d) Copies squares and triangles

7) When reviewing anticipatory guidance with a parent of a 5-year-old, the recommended screen time (television, computer, iPad, mobile phone) is:
   a) 60 minutes daily
   b) 15 hours weekly
   c) 2 hours per day
   d) 1 hour of appropriate programming

8) Once the child has received his/her immunizations for kindergarten, immunization status is up to date until 11 years of age.
   a) True
   b) False

9) For children 3 to 6 years of age, the expected outcomes of anticipatory guidance during the well-child visit include:
   a) Encourage literacy activities
   b) Encourage use of safety helmets
   c) Direct family decision making
   d) Water safety

10) Children at 3 to 4 years of age are encouraged to participate in some of the health history interview and actively engage with the provider.
   a) True
   b) False

Chapter 6 Testbank 6 to 11 Years of Age Interval Visit

1) Girls who experience puberty “early” are at risk for more
   a) Externalizing behaviors

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b) Internalizing behaviors
c) Anxiety disorders
d) Both b and c

2) When should a hearing screening be performed?
a) Annual well-child exam
b) Academic concerns
c) Parental concerns
d) Patient concerns
e) All of the above

3) Who is at risk for long-term cardiac problems?
a) Body mass index (BMI) greater than 85%
b) Unknown family history
c) High intake of low nutrient foods
d) Early maturing boys
e) a and b

4) What is *not* necessary in reviewing patient safety in this population?
a) Helmet use
b) Recreational activities
c) Media use and exposure
d) Sleep location and position
e) Bullying

5) When is a Tanner staging exam needed?
a) Every well-child annual exam
b) After age 10
c) Pubertal developmental concerns
d) Snoring or sleep apnea
e) a and c

6) What is the best way to assess nutritional intake in a school-aged child?
a) Parental report
b) Patient report
c) 1–2 day diet recall by parent and child
d) BMI and blood pressure (BP)
e) Lipid screening and profile

7) How much exercise does the CDC recommend for children in this age group?
a) 60 minutes every day
b) Mixture of strength and cardio three times a week
c) Two hours or more every day
d) Recess or physical education every day at school
e) Must exceed “screen time” by at least 10 minutes

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8) In an 8-year-old and older the examiner expects the patient to verbalize:
   a) School progress
   b) Peer relationships
   c) Body concerns
   d) Family relationships
   e) All of the above

9) Which family history would require additional screening?
   a) Pulmonary disease in a first-degree relative
   b) Sibling still birth
   c) Premature cardiovascular disease in first-degree relative
   d) Type I diabetes in sibling
   e) a and c

10) What is the recommended screen time for this age group?
   a) 28 hours per week
   b) 4 hours per week
   c) 7 hours or less per week
   d) 20 hours or less per week
   e) Screen time is not recommended

Chapter 7 Testbank The Adolescent and Young Adult (12–21 Years of Age) Interval Visit

1) A 15-year-old girl presents for an annual primary care visit accompanied by her mother. In order to provide adequate and appropriate care, the clinician should:
   a) Inform the parent that her daughter has the right to confidential services and the parent needs to remain in the waiting room during the visit
   b) Inform the parent that her daughter has the right to confidential services, but include the parent in all aspects of the visit because it is an annual exam, not a confidential visit
   c) Inform the parent that her daughter has the right to confidential services and advise the parent that if there are any confidential concerns she will be asked to leave the exam room
   d) Inform the parent that her daughter has the right to confidential services and include the parent in some, but not all, aspects of the visit

2) The psychosocial assessment:
   a) Should be completed with both the youth and caregiver to obtain both of their perspectives
   b) Helps to identify risk and protective factors in the youth and their environment
   c) Should be completed once in adolescence and once in young adulthood
   d) Is a specific set of questions that should be asked of all adolescents regardless of the reason for visit

3) The clinical breast exam is indicated for:
   a) Adolescent females with Sexual Maturity Rating (SMR) 4

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b) Adolescent females with SMR 5
c) Females beginning at 20 years of age
d) All adolescent females regardless of age

4) A pelvic exam is indicated for:
a) Sexually active adolescent females after the age of 16
b) Sexually active adolescent females regardless of age
c) Females at 21 years of age regardless of reported sexual activity
d) Sexually active adolescents who report multiple sexual partners

5) Diane is a well-nourished, well-developed 17-year-old female who reports regular menses every 30 days, moderate flow for 3–5 days, who presents for a well adolescent visit. Routine adolescent primary care visits should include:
a) Hemoglobin/hematocrit every 5–10 years starting in adolescence
b) Annual hemoglobin/hematocrit due to potential menstrual blood loss starting with menarche
c) Biannual complete blood count (CBC) to evaluate for anemia starting at age 12
d) Iron supplementation to compensate for menstrual blood loss

6) Dyslipidemia screening is recommended:
a) Universally using a fasting lipid profile for all 12–16 year olds
b) Universally using a nonfasting non-HDL-C for all 17–21 year olds
c) Selectively based on risk using a nonfasting non-HDL-C for all 12–16 year olds
d) Selectively only in adolescents, based on personal and family risk regardless of age using a fasting lipid profile

7) Adam is at his pediatric clinic visit, is a 16-year-old male, reports one lifetime sexual partner who is female, denies any symptoms, and requests "to be tested for everything." He has never been screened for any sexually transmitted infection (STI). Following STI screening recommendations by the CDC and/or the U.S. Preventive Services Task Force (USPSTF), Adam should be offered which of the following:
a) HIV screening
b) Gonorrhea screening
c) Chlamydia screening
d) Syphilis screening

8) Anita is at her pediatric clinic visit, is a 17-year-old female, reports one lifetime sexual partner who is male, denies any symptoms, and requests "to be tested for everything." She has never been screened for any STI and is not pregnant. Following STI screening recommendations by the CDC and the USPSTF, Anita should be offered which of the following:
a) Gonorrhea, chlamydia, and syphilis screening
b) No STI screening because she is low risk and asymptomatic
c) Gonorrhea and chlamydia screening
d) Gonorrhea, chlamydia, and HIV screening

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9) James is 13 years old, SMR 3/2, and his BMI is at the 85th percentile. The most appropriate follow-up plan for him would be:
   a) Advice to not be concerned about his weight, as he will gain height and grow into his weight
   b) Recommendation for a calorie-restricted diet with limited carbohydrates
   c) Referral to a program that includes dietary, physical activity, and behavioral counseling components
   d) Motivational interviewing with the goal of increasing physical activity

10) When asked if she has ever used any alcohol or drugs, Alicia, an 18-year-old college freshman, responds "Just drinking at parties and smoking weed…nothing heavy or serious." The clinician's next step should be:
   a) Administering the CAGE questionnaire because it is adolescent specific to quantify and qualify substance use
   b) Advising Alicia not to drink and drive
   c) Commending Alicia for not using dangerous drugs
   d) Administering the CRAFFT questionnaire because it is adolescent specific to quantify and qualify substance use

Chapter 8 Testbank Preventive Immunizations for Children and Adults

1) Measles is:
   a) A benign childhood disease
   b) The primary cause of autism
   c) Responsible for 400 deaths each day world wide
   d) Not a required vaccine for school entry

2) Pertussis:
   a) Almost never occurs in young infants
   b) Is caused by a virus
   c) Is transmitted from animals to humans
   d) Vaccine is recommended in pregnancy between 27 and 36 weeks

3) Congenital cataracts, cardiac defects, and deafness can be attributed to:
   a) Prenatal rubeola
   b) Prenatal rubella
   c) Maternal alcohol consumption during pregnancy
   d) Environmental toxins

4) Reye syndrome occurs as a postviral complication and is associated with all of the following except:
   a) Measles
   b) Varicella
   c) Use of aspirin
   d) Children ages 4 to 12 years of age

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5) Skin rashes are associated with which of the following viral illnesses?
   a) Rubella
   b) Varicella
   c) Pertussis
   d) a and b
   e) All of the above

6) Influenza vaccine is recommended annually:
   a) Beginning at birth
   b) For all children intranasally
   c) Beginning at age 6 months
   d) After 1 year of age

7) Zostavax (HZV vaccine) is recommended:
   a) For all children and adults
   b) Before nursery school entrance
   c) At age 60 and older
   d) For immune-compromised children and adults

8) Herd immunity is associated with:
   a) bovine tuberculosis
   b) The percentage of vaccinated individuals required in the population to prevent outbreak of vaccine-preventable diseases
   c) Sensitivity and specificity of vaccine products
   d) Promotion of vaccine products by the pharmaceutical industry

9) Passive immunization with immune globulin is indicated:
   a) With history of reactions to active immunization components
   b) In certain acquired or congenital immunodeficiencies
   c) With history of fever or syncope after receiving an active immunization
   d) When an individual is disease immune with reexposure

10) Human papilloma virus (HPV) vaccine is recommended for all of the following except:
   a) For females beginning at 9 years of age
   b) To prevent oropharyngeal cancer in males
   c) To prevent cervical cancers in females
   d) For HIV + males up to age 35

Chapter 9 Testbank Developmental Assessment: Screening for Developmental Delay and Autism

1) The prevalence of children with developmental and behavioral problems in the United States is estimated at:
   a) 2–-5 %

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b) 12–-16%
c) 22–25%
d) 27–30%

2) The American Academy of Pediatrics (AAP) developed a policy statement, "Identifying Infants and Young Children with Developmental Disorders: An Algorithm for Developmental Surveillance and Screening," to:
   a) Provide a plan for referring children with developmental disorders to psychologists for diagnostic testing
   b) Provide guidelines for which screening tools to complete during primary care visits
   c) Provide a strategy to prescribe psychiatric medication for children with mental health problems
   d) Provide a strategy to incorporate ongoing developmental surveillance and screening of all children into primary care visits

3) Developmental surveillance is a primary component of the pediatric primary care visit and is defined by the AAP as a process of:
   a) Eliciting and attending to parental concerns about their child's development, observing the child's behavior, identifying risk and protective factors, and maintaining accurate records
   b) Interviewing the adult caregivers and the child to learn how the child is sleeping, eating, and behaving at home
   c) Observing the child during the primary care visit to assess their speech, hearing, and emotional state
   d) Observing the child in the school or child care setting to assess peer relationship, gross motor, and communication skills

4) APNs incorporate standardized developmental screening instruments into primary care visits to:
   a) Decrease history taking and developmental questions during the well-child visit
   b) Increase parental involvement in the primary care visits
   c) Enhance the precision of developmental surveillance
   d) Decide what early intervention services the child will need

5) The APN reviewed the Parental Evaluation of Developmental Status (PEDS) screening tool before seeing a 4-year old for her primary care visit. The screening identified a delay in the child's fine motor development and normal gross motor and speech and language skills. How should the APN prepare for the visit?
   a) Identify if there was a previous history of abnormal neurologic examination or fine motor delay noted in previous developmental screenings.
   b) Make a referral for a full developmental evaluation by a specialist.
   c) Review the child's health history for previous infectious diseases.
   d) Question the parent to see if the developmental screening tool was unclear.

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6) The psychometric properties of a developmental screening tool are important to review before you administer screening tools in your primary care practice. What are the components of assessing the reliability of an instrument?
   a) Sensitivity and specificity
   b) Internal consistency, usually shown as a Cronbach's alpha coefficient
   c) Concurrent validity
   d) Predictive validity

7) The psychometric properties of a developmental screening instrument include assessing validity. Validity is defined as:
   a) The ability of a screening tool to be standardized on a large, nationally representative sample
   b) The ability of a measure to produce consistent results. To determine a similar result if the tool is repeated 2 weeks later
   c) The ability of a measure to discriminate between a child at a determined level of risk for delay and the rest of the population
   d) The ability of a screening tool to be accurate and identify children who do not have a developmental delay

8) The psychometric properties of a developmental screening tool include assessing specificity. Specificity is defined as:
   a) The ability of a screening tool to be standardized on a large, nationally representative sample
   b) The ability of a measure to produce consistent results. To determine a similar result if the screening tool is repeated 2 weeks later
   c) The ability of a measure to discriminate between a child at a determined level of risk for delay and the rest of the population
   d) The ability of a screening tool to be accurate and identify children who do not have a developmental delay

9) The Ages and Stages Questionnaire, Third Edition (ASQ-3) has a sensitivity of 0.70 to 0.90. This means that different studies found the sensitivity to range from 0.70 to 0.90. The interpretation of a sensitivity of 0.90 is that:
   a) 90% of the children who receive positive screening results truly have a developmental problem
   b) 90% of the children who receive a positive screening results do not have a developmental problem
   c) 90% of the children who had the ASQ-3 completed by their parent or primary care provider will be referred for early intervention services.

10) The APN is reviewing the recommended ages for performing developmental surveillance using the ASQ-3. The AAP recommends children under 5 years of age be screened with the ASQ at:
   a) 6, 24, 60 months
   b) 1-, 24, 36 months
   c) **9, 18, 30** months
   d) 18, 36, 60 months

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11) Screening for autism is particularly important for which population of children?
a) Boys under 24 months of age
b) Girls over 24 months of age
c) Hispanic and Latino children under 12 months of age
d) Asian boys under 30 months of age

Chapter 10 Testbank Childhood Asthma

1) Which of the following is the best definition of asthma?
a) An episodic lung disease characterized by shortness of breath, hypoxia, and anxiety
b) A chronic lung disease characterized by inflammation, bronchoconstriction, and mucus production
c) A chronic lung disease characterized by a history of smoking and nonreversible airway obstruction
d) A short-term lung disease characterized by reversible airway obstruction, cough, and wheezing

2) Who is more likely to be diagnosed with asthma?
a) Children from low-income families
b) Asian children
c) Non-Hispanic black children
d) a and c
e) a and b

3) Which of the following medications should a child with moderate persistent asthma first be started on?
a) Albuterol hydrofluoroalkanes (HFA) alone
b) Albuterol HFA and omalizumab
c) Albuterol HFA and an inhaled corticosteroid
d) Albuterol HFA and a long-acting beta agonist
e) None of the above

4) What is included in the differential diagnosis for asthma?
a) GERD, foreign body, allergic rhinitis
b) Habit cough, chronic abdominal pain, upper respiratory infection
c) Tuberculosis, sinusitis, otitis media
d) Laryngotracheomalacia, tonsilar enlargement, croup

5) Which of the following is an appropriate diagnostic test used in the evaluation of asthma?
a) Spirometry
b) Skin testing
c) Chest x-ray
d) Tuberculosis skin test
e) All of the above

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6) The goals of clinical management for children with asthma are all of the following *except*:
   a) Few or no daytime symptoms
   b) No nighttime awakening caused by asthma
   c) Child should not miss school due to asthma and parent/guardian should not need to miss work
   d) Child should be allowed to sleep with pets if desired
   e) Child should be able to perform normal activities for age, including full participation in sports

7) Which of the following is true regarding allergy skin tests to detect specific IgE sensitization?
   a) Helpful in detecting airborne allergies such as dust and cat dander but not helpful in detecting food allergies
   b) Can be done on children of any age
   c) Will be more accurate if an antihistamine is taken the morning of the test
   d) Will not be useful if child has taken an inhaled corticosteroid in the past 6 hours

8) How soon after being started on a controller medication or after having the dose of a controller medication increased should a child's asthma be reevaluated?
   a) In 24 hours
   b) In 7 to 10 days
   c) In 2 to 6 weeks
   d) In 1 to 6 months

9) A comparison of the results of spirometry performed on a 10-year-old before and after administration of a bronchodilator evaluates airway obstruction and assesses reversibility. What spirometry result shows significant reversibility and is diagnostic for asthma?
   a) Increase in the forced vital capacity (FVC) to a normal value for a 10-year-old
   b) Increase in the forced expiratory volume (FEV)1/FEV ratio from 70% to 85% predicted
   c) Increase in the peak flow results of 20% or more
   d) Increase of at least 12% in the FEV1

10) According to the National Institutes of Health (NIH) guidelines, when classifying asthma severity a component of severity known as "risk" needs to be considered. "Risk" refers to which of the following?
   a) Number of asthma exacerbations requiring oral corticosteroids within a certain period of time
   b) Family history of asthma, allergic rhinitis, or atopic dermatitis
   c) Child's exposure to environmental triggers such as tobacco smoke, air pollution, or toxins
   d) Past health history of prematurity, gastroesophageal reflux, or wheezing in the first year of life

Chapter 11 Testbank Atopic Dermatitis in Children

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1) Which statement concerning atopic dermatitis (AD) in children is correct?
   a) In the United States there has been a decrease in the number of children with AD in the past 10 years.
   b) AD develops in 45% of affected children in the first 6 months of life.
   c) AD develops more commonly in rural populations where there is more exposure to antigen triggers.
   d) Having AD as a young child is protective for developing other atopic diseases.
   e) AD resolves as a child reaches adolescence.

2) Which of the following is a factor that can lead to AD flares?
   a) Emotions such as anger and stress
   b) Applying an excessive amount of moisturizing cream after bathing
   c) Daily bathing
   d) Receiving more than two immunizations at one time
   e) Living in a moist climate year round

3) When examining a child with AD you notice excoriation of the rash. Your main concern should be the following:
   a) Child has been playing with a cat with sharp claws.
   b) Parents have been neglectful in keeping the child's fingernails short.
   c) Child has a bacterial superinfection.
   d) Child needs to be taking an antihistamine.

4) The goals of clinical management for children with AD are all of the following except?
   a) No daytime discomfort or itching
   b) No nighttime awaking because of itching
   c) No special skin care routine required
   d) No missed school because of AD
   e) No missed work for parents because of child's AD

5) New data have established that AD results from which of the following?
   a) Environmental allergies
   b) Excessive use of soap
   c) Low intake of fluids, especially water
   d) Skin exposure to the sun at a young age
   e) Abnormalities of the skin barrier

6) The therapeutic mainstay for AD is:
   a) Systemic corticosteroids
   b) Antihistamines
   c) Topical calcineurin inhibitors
   d) Topical corticosteroids
   e) Phototherapy

7) Principles of management of AD include:
   a) Regular use of antibacterial soaps and scrubs

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b) Moisturizing of the skin and application of anti-inflammatory medicine
c) Use of restraints to prevent scratching, especially for babies and young children
d) Building up a tolerance to unavoidable allergens and irritants

8) An Eczema Action Plan is helpful when:
a) Child begins school
b) Child's treatment varies according to the symptoms
c) Child has food or environmental allergies
d) When phototherapy is being considered as an option

9) Atopic dermatitis and allergic rhinitis are two of the diseases belonging to the "allergic triad." The third disease is:
a) Chronic urticaria
b) Psoriasis
c) Seborrhea
d) Asthma
e) Contact dermatitis

10) The "soak and seal" technique for optimum skin care includes all of the following except:
a) Bathe daily with lukewarm water for 10 to 15 minutes
b) Use of minimal amount of fragrance-free, dye-free, gentle soap or cleanser
c) Scrub skin to remove dry skin
d) Pat away excessive water and leave skin slightly damp
e) Apply generous amount of moisturizing cream or ointment to entire body

Chapter 12 Testbank Attention Deficit/Hyperactivity Disorder (ADHD) in Children and Adolescents

1) Children with ADHD seldom present with coexisting conditions such as oppositional defiant disorder, mood disorders, or anxiety disorders.
a) True
b) False

2) Which of the following statements about stimulant dosage is true?
a) It takes up to 2 to 3 weeks on any given dose to see the full effect of the dose.
b) Rebound effect is more common in longer acting preparations than in shorter acting preparations.
c) Most children have some appetite suppression while they are taking an adequate dose of the medication.
d) Drug levels must be monitored before increasing any dose.

3) Peter is 4 years old and has been dismissed from two preschools for disruptive behavior and inability to sit in circle time. His father wants him evaluated for ADHD. Which of the following statements about 4 year-olds and ADHD is *most* accurate?

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a) If medication is needed, methylphenidate is recommended for children in this age group.
b) Stimulants are the first-line treatment for children in this age group.
c) Children less than 6 years of age metabolize methylphenidate more quickly than older children and may need proportionally a higher dose.
d) The chronic condition model does not apply to preschool children with ADHD.

4) Which of the following is an *uncommon* side effect of stimulants when used at appropriate doses for treating ADHD?
a) Insomnia
b) Headaches
c) Hallucinations
d) Appetite suppression

5) Mara is 8 years old, has many inattentive symptoms in school, problems completing chores and homework, and difficulties with peer interactions. She has been diagnosed with ADHD and her parents would prefer to try behavioral interventions before starting her on medication. Which of the following statements about behavioral interventions is *most* accurate?
a) The combination of medication and behavioral treatments result in improved academic performance for poor children who have anxiety in addition to ADHD.
b) Children with ADHD cannot qualify for school-based behavioral interventions or academic accommodations unless they ALSO have an Individualized Educational Plan in place.
c) Behavioral interventions are just as effective as medication for the CORE symptoms of ADHD in school-aged children.
d) In general, parents prefer medication alone to a combination of medication and behavioral treatments.

6) Which of the following medications is approved by the Food and Drug Administration (FDA) as an add-on to stimulants in the treatment of ADHD?
a) **Extended release guanfacine (Intuniv)**
b) Quetiapine (Seroquel)
c) Propanolol
d) Topiramate (Topamax)

7) Which of the following statements about assessing a child for ADHD is *most* accurate?
a) The pediatric clinician can make a diagnosis of ADHD as long as Diagnostic and Statistical Manual for Mental Disorders (DSM) criteria have been met and impairment occurs in EITHER home or school.
b) The Vanderbilt questionnaire has parent, child, and teacher components.
c) The pediatric clinician can assess children for ADHD from ages 2 to 18 years of age.
d) Under DSM-V criteria, children who have autism spectrum disorder CAN be diagnosed with ADHD if they meet criteria.

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