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Question: 1

Which body system is assessed when measuring blood pressure?

- A. Cardiovascular system
- B. Respiratory system
- C. Nervous system
- D. Digestive system

Answer: A

Explanation: Measuring blood pressure assesses the cardiovascular system. Blood pressure is a measure of the force exerted by blood against the walls of the arteries as the heart pumps blood throughout the body.

Question: 2

Which complementary therapy involves the use of essential oils?

- A. Cupping
- B. Aromatherapy
- C. Acupuncture
- D. Herbal supplements

Answer: B

Explanation: Aromatherapy is a complementary therapy that involves the use of essential oils. Essential oils, derived from plants, are believed to have therapeutic properties and are used for various purposes, such as relaxation, stress relief, and mood enhancement.

Question: 3

Which mental health assessment tool is commonly used to screen for depression in adolescents?

- A. Mini-Mental State Examination (MMSE)
- B. Beck Depression Inventory (BDI)
- C. Hamilton Rating Scale for Depression (HAM-D)
- D. Pediatric Symptom Checklist (PSC)

Answer: D

Explanation: The Pediatric Symptom Checklist (PSC) is a commonly used mental health assessment tool to screen for depression in adolescents. It helps identify emotional and behavioral problems in children and adolescents.

Question: 4

A pediatric nurse is performing a physical assessment on a 4-year-old child. Which of the following vital sign parameters would be considered abnormal for this age group?

- A. Oral temperature of 37.5°C (99.5°F)
- B. Respiratory rate of 20 breaths per minute
- C. Blood pressure of 100/60 mmHg
- D. Heart rate of 120 beats per minute

Answer: D

Explanation: A heart rate of 120 beats per minute would be considered abnormal for a 4-year-old child. The normal heart rate range for a preschool-aged child is typically between 80 and 110 beats per minute. Respiratory rate of 20 breaths per minute, blood pressure of 100/60 mmHg, and oral temperature of

37.5°C (99.5°F) are within the expected ranges for a 4-year-old child.

Question: 5

Which developmental milestone is typically achieved by a 4-month-old infant?

- A. Sitting without support
- B. Rolling from back to front
- C. Walking with assistance
- D. Feeding self with a spoon

Answer: B

Explanation: Rolling from back to front is a developmental milestone typically achieved by a 4-month-old infant. At this age, infants gain enough strength and coordination to roll over from their backs to their stomachs.

Question: 6

A pediatric nurse is caring for a 6-month-old infant who is prescribed a new medication. The nurse reviews the medication reconciliation and notes that the infant has a documented allergy to penicillin. Which of the following actions should the nurse take?

- A. Administer the medication and monitor for allergic reactions.
- B. Withhold the medication and notify the pharmacy about the allergy.
- C. Administer the medication and document the allergy in the medical record.
- D. Contact the healthcare provider to clarify the medication order.

Answer: D

Explanation: When a patient has a documented allergy to a specific medication,

it is important for the nurse to contact the healthcare provider to clarify the medication order. Administering the medication without clarifying the order poses a risk of an allergic reaction. It is essential to ensure patient safety by confirming alternative medication options or seeking further guidance from the healthcare provider.

Question: 7

Which diagnostic test is commonly used to screen for cervical cancer?

- A. Mammography
- B. Colonoscopy
- C. Prostate-specific antigen (PSA) test
- D. Pap smear

Answer: D

Explanation: A Pap smear is a diagnostic test commonly used to screen for cervical cancer. It involves collecting cells from the cervix and examining them under a microscope to detect any abnormal changes that may indicate the presence of cancer or pre-cancerous conditions.

Question: 8

Which childhood disease is characterized by a "whooping" cough?

- A. Measles
- B. Mumps
- C. Varicella
- D. Pertussis

Answer: D

Explanation: Pertussis, commonly known as whooping cough, is a childhood disease characterized by severe coughing spells followed by a distinctive "whooping" sound when the person tries to breathe in. It is caused by the bacterium *Bordetella pertussis*.

Question: 9

A pediatric nurse is conducting an assessment of a 2-year-old child's growth and development. Which of the following milestones would the nurse expect the child to have achieved by this age?

- A. Using a spoon to feed themselves
- B. Speaking in full sentences
- C. Walking independently
- D. Recognizing colors

Answer: C

Explanation: By the age of 2, most children should have achieved the milestone of walking independently. Speaking in full sentences typically develops between the ages of 2 and 3. Using a spoon to feed themselves is usually achieved around 18 months. Recognizing colors typically develops around the age of 3.

Question: 10

A pediatric nurse is caring for a 12-year-old patient who identifies as transgender. The nurse ensures that the healthcare environment is inclusive and respectful by:

- A. Avoiding conversations about gender identity.
- B. Referring to the patient by their assigned sex at birth.

- C. Using the patient's preferred name and pronouns.
- D. Implementing restrictive policies regarding bathroom use.

Answer: C

Explanation: To create an inclusive and respectful healthcare environment, the nurse should use the patient's preferred name and pronouns. Respecting the patient's gender identity is important for their well-being and promotes a safe and supportive environment. Referring to the patient by their assigned sex at birth, avoiding conversations about gender identity, and implementing restrictive policies regarding bathroom use may contribute to feelings of invalidation and discrimination.

Question: 11

A pediatric nurse is preparing to collect a urine specimen from a 6-year-old child. Which of the following techniques should the nurse use?

- A. Suprapubic aspiration
- B. Clean catch midstream
- C. Catheterization
- D. Bag collection

Answer: B

Explanation: For a urine specimen collection from a cooperative 6-year-old child, the clean catch midstream technique is typically used. This method involves having the child start to urinate into the toilet, then catching the urine midstream into a sterile container. Suprapubic aspiration, catheterization, and bag collection are alternative methods used in specific situations or for non-

cooperative patients.

Question: 12

Which immunization is recommended for infants at 2 months of age?

- A. Influenza vaccine
- B. Measles, Mumps, Rubella vaccine (MMR)
- C. Inactivated Poliovirus vaccine (IPV)
- D. Hepatitis B vaccine (HepB)

Answer: D

Explanation: The Hepatitis B vaccine (HepB) is recommended for infants at 2 months of age. It provides protection against the Hepatitis B virus, which can cause liver disease and other serious health problems.

Question: 13

A pediatric nurse is providing care to a 14-year-old patient who practices cupping therapy for various health conditions. The nurse should:

- A. Encourage the patient to continue cupping therapy.
- B. Educate the patient about the potential risks and lack of scientific evidence supporting cupping therapy.
- C. Offer to perform cupping therapy as part of the nursing care.
- D. Consult with an alternative medicine specialist to explore the benefits of cupping therapy.

Answer: B

Explanation: Cupping therapy is a complementary and alternative therapy that

involves placing cups on the skin to create suction. The nurse should educate the patient about the potential risks and lack of scientific evidence supporting cupping therapy. It is important to provide evidence-based information to help the patient make informed decisions regarding their healthcare.

Question: 14

A pediatric nurse is providing education to parents about the importance of childhood immunizations. Which of the following statements by the parents indicates a need for further teaching?

- A. "Immunizations help protect our child from serious diseases."
- B. "We should follow the recommended immunization schedule provided by our healthcare provider."
- C. "Once our child receives the immunizations, they will never get sick again."
- D. "Immunizations contribute to herd immunity and help protect others who cannot be vaccinated."

Answer: C

Explanation: The statement "Once our child receives the immunizations, they will never get sick again" indicates a need for further teaching. While immunizations can provide protection against certain diseases, they do not guarantee that a child will never get sick again. It is important to clarify this misconception and emphasize the importance of complete immunization and following the recommended schedule.

Question: 15

Which pain assessment tool is commonly used in pediatric patients?

- A. Faces Pain Scale-Revised (FPS-R)

- B. Visual Analog Scale (VAS)
- C. Numeric Rating Scale (NRS)
- D. Wong-Baker FACES Pain Rating Scale

Answer: A

Explanation: The Faces Pain Scale-Revised (FPS-R) is a commonly used pain assessment tool in pediatric patients. It uses a series of faces with different expressions to help children express their pain levels. The child selects the face that best represents their current pain intensity.

Question: 16

A pediatric nurse is conducting a psychosocial assessment of a 16-year-old patient. Which of the following findings would be of concern and require further assessment?

- A. Peer pressure to engage in risky behaviors
- B. Academic performance consistent with grade level
- C. Healthy coping mechanisms for stress
- D. Open communication with parents

Answer: A

Explanation: Peer pressure to engage in risky behaviors is a concerning finding and requires further assessment. It may indicate potential involvement in high-risk behaviors, such as substance use or unprotected sex. Academic performance consistent with grade level, healthy coping mechanisms for stress, and open communication with parents are positive findings in psychosocial assessment.

Question: 17

A pediatric nurse is caring for a 10-year-old child with a congenital heart defect. The child is scheduled to undergo a cardiac catheterization. The nurse explains to the parents that the purpose of the procedure is to:

- A. Monitor the child's blood pressure.
- B. Treat the congenital heart defect.
- C. Administer intravenous medications.
- D. Evaluate the child's heart function and anatomy.

Answer: D

Explanation: The purpose of a cardiac catheterization in a child with a congenital heart defect is to evaluate the child's heart function and anatomy. It is a diagnostic procedure that involves inserting a catheter into the heart to visualize the heart's structures and assess its function. Treatment of the congenital heart defect would depend on the findings from the cardiac catheterization.

Question: 18

A 5-year-old child diagnosed with leukemia is receiving chemotherapy. The nurse educates the parents about potential side effects of the chemotherapy. Which of the following side effects should the nurse include in the teaching?

- A. Decreased blood pressure
- B. Weight gain
- C. Increased risk of infection
- D. Increased appetite

Answer: C

Explanation: One of the common side effects of chemotherapy is an increased risk of infection. Chemotherapy can suppress the immune system, making the child more susceptible to infections. Weight gain, decreased blood pressure, and increased appetite are not commonly associated with chemotherapy side effects.

Question: 19

Which cultural practice may involve dietary restrictions during certain religious observances?

- A. Tai chi
- B. Cupping
- C. Herbal remedies
- D. Fasting

Answer: D

Explanation: Fasting is a cultural practice that may involve dietary restrictions during certain religious observances. It is commonly observed in various religions and may require individuals to abstain from food or drink for a specific period of time.

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