Nursing

PNCB-CPN
Certified Pediatric Nurse

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Question: 1

Apocrine sweat glands develop during onset of puberty. In which part of the body are these glands most commonly located?

A. Scalp.
B. Feet.
C. Hands.
D. Axilla.

Answer: D

Explanation: Apocrine sweat glands develop with the increase in hormones during the onset of puberty and are located primarily in the axilla and pubic area, opening into hair follicles. These sweat glands cause body odor.

Question: 2

A 16-year-old male has hearing loss at the 4000-Hertz range on audiogram. What is the most common cause for such a hearing deficit?

A. Cerumen in the ear canal.
B. Prolonged exposure to noises over 100 decibels.
C. Medulla oblongata tumor.
D. Ruptured tympanic membrane.

Answer: B

Explanation: Prolonged exposure to loud noises (music, power tools, firearms) can lead to high frequency hearing loss at the 4000-Hertz level, making it hard for the child to hear high-pitched voices and certain sounds, such as consonants. Digital hearing aids may be programmed to compensate for high frequency hearing loss.

Question: 3

Which of the following would NOT be considered a pediatric patient at high risk for dehydration?

A. 4-year-old male with 30% body surface area burn.
B. 7-year-old female with diabetic ketoacidosis.

C. 12-year -old male with hyperventilation due to anxiety.
D. 8-year-old male with cellulitis in the right arm.

Answer: D

Explanation: Cellulitis, a bacterial skin infection, is not associated with dehydration. Burns, diabetic ketoacidosis, and hyperventilation may all contribute to dehydration in children.

Question: 4

A 15-year-old female is evaluated for an intentional overdose of aspirin. The excessive ingestion of this medication puts the patient at risk for what acid-base disorder?

A. Metabolic acidosis.
B. Metabolic alkalosis.
C. Respiratory acidosis.
D. Respiratory alkalosis.

Answer: A

Explanation: The ingestion of aspirin (salicylic acid) puts the patient at risk for a metabolic acidosis due to the acidic medication. Symptoms include drowsiness, confusion, headache, decreased blood pressure, flushed skin, nausea, vomiting, diarrhea and tachypnea.

Question: 5

Symptoms consistent with a diagnosis of dehydration in children would include all of the following EXCEPT:

A. thirst.
B. bradycardia.
C. dry mucous membranes.
D. depressed fontanelles.

Answer: B

Explanation: Tachycardia, not bradycardia, is a common sign of dehydration in pediatric patients. Children with dehydration typically are thirsty and have dry mucous membranes, reduced skin turgor, and depressed fontanelles (in infants).

Question: 6

A 6-year-old female with dehydration due to vomiting is evaluated with a complete blood count (CBC). What lab finding is expected?

A. Decreased mean corpuscular (cell) volume (MCV).
B. Increased MCV.
C. Increased hematocrit.
D. Normal red cell distribution width (ROW).

Answer: C

Explanation: Due to volume loss, the hematocrit will be elevated as red blood cells become more concentrated in the blood. The MCV test shows the average size of the red blood cells and helps to determine the type of anemia while ROW shows the variations in cell size, important for some types of anemia (such as pernicious anemia).

Question: 7

What is the leading cause of death in children in developing countries?

A. Accidental trauma.
B. TB.
C. AIDS.
D. Infectious diarrhea.

Answer: D

Explanation: Infectious diarrhea remains the leading cause of death in developing countries. Outbreaks of diarrhea are common in areas with poor sanitation that allows food and water to become contaminated with bacteria, such as E. coli or Shigella.

Question: 8

What is the most common cause of viral (non-bacterial) diarrhea in pediatric patients?

A. Rotavirus.
B. Parainfluenza.
C. Influenza.
D. Parvovirus Bl 9.

Answer: A

Explanation: Rotavirus is the most common cause for viral diarrhea in children and may be accompanied by nausea and vomiting that lead to severe dehydration. Parainfluenza, influenza, and parvovirus Bl 9 cause mainly upper respiratory illnesses.

Question: 9

After a camping trip a 14-year-old male develops diarrhea, flatulence, steatorrhea, and abdominal cramping. The other campers who drank water from a stream also have similar symptoms. What is the most likely causative organism?

A. E. coli.
B. Giardia Lamblia.
C. Rotavirus.
D. Shigella.

Answer: B

Explanation: Giardia Lamblia is a parasite that is commonly spread via the drinking of contaminated water, especially streams that are contaminated with animal feces. A broad spectrum of gastrointestinal symptoms can occur.

Question: 10

A 2-year-old female is undergoing an evaluation for celiac disease (sprue). Which of the following is NOT a risk factor for this disease?

A. First degree relative with the d is ease.
B. Recent travel to Mexico.
C. Congenital trisomy 21.
D. History of type 1 diabetes mellitus.

Answer: B

Explanation: Celiac disease is not infectious and not related to travel. Celiac disease (sprue) is sensitivity to gluten products and is more commonly seen in children with relatives with the disease, those with trisomy 21, or those with type 1 diabetes.

Question: 11

A 6-year-old male grabbed a pot of boiling water off of a stove and has a burn on the dorsum of the forearm. The burn area is red with edema and thin-walled blisters. What classification of burn is this?

A. First-degree burn.
B. Second-degree burn.
C. Third-degree burn.
D. Fourth-degree burn.

Answer: B

Explanation: A burn area that is red with blistering is consistent with a second-degree burn. A first-degree burn would have erythema but no blistering, and a third-degree burn would be dry and leathery. Burns are not classified as fourth-degree.

Question: 12

Antibodies exist in the body to respond to allergens and protect the body against disease.
Which antibodies act primarily against parasitic infections?

A. lgE.
B. lgM.
C. lgG.
D. lgA.

Answer: A

Explanation: lgE is the primary antibody used in the defense of parasitic infections and is involved in allergic responses. lgM increases in response to infection, and lgG provides a secondary response to infection. lgA provides immune response in mucous membranes and decreases with immunosuppression and some infections (gonorrhea).

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