Nursing

PNCB-CPN

Pediatric Nursing Certification Board: Certified Pediatric Nurse

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Question: 1

Which of the following is a major clinical manifestation (Jones criteria) of acute rheumatic fever (ARF)?

A. Polyarthralgia
B. Fever
C. Elevated acute-phase reactants (ESR or leukocyte count)
D. Carditis

Answer: D

Explanation:
Correct answer: Carditis
ARF is a nonsuppurative complication following a sequela of streptococcal infection, typically 2 to 3 weeks after group A streptococcal (GAS) pharyngitis. It results in an autoimmune inflammatory process involving the joints (polyarthritis), heart (rheumatic heart disease), CNS (Sydenham chorea) and subcutaneous tissue (subcutaneous nodules and erythema marginatum). It most commonly presents between the ages of five and 15 years old. Long-term effects on tissues are generally mild except for the damage done to cardiac valves, leaving fibrosis and scarring that results in rheumatic heart disease.
The diagnosis of an initial attack of ARF is based on the following revised Jones criteria:
• Evidence of documented GAS pharyngeal infection (culture, rapid strep antigen test, or ASO titer)
• Findings of two major manifestations or one major and one minor manifestation of ARF
Major manifestations include:
• Carditis (pancarditis, valves, pericardium, myocardium)
• Polyarthritis (migratory and painful)
• Chorea (uncoordinated jerking movements of face, hands, feet)
• Erythema marginatum (nonpruritic rash involving pink rings on torso and limbs)
• Subcutaneous nodules
Minor manifestations include:
• Clinical fever, polyarthralgia
• Laboratory elevated acute phase reactants (ESR or leukocyte count)

Question: 2

How should you advise the mother of a 1-month-old infant who is exclusively breastfeeding regarding vitamin D intake for her baby?

A. Recommend 400 IUs of vitamin D daily for the breastfed infant
B. Intake of vitamin D in excess of 300 IUs daily may be toxic to an infant
C. Start vitamin D supplementation when the infant is 6 months old
D. Breastfed infants do not need supplemental vitamin D

Answer: A

Explanation:
Correct answer: Recommend 400 IUs of vitamin D daily for the breastfed infant
Human milk has more than adequate amounts of vitamins A, E, K, C, B1, B2, and B6. However, the level of vitamin D in breast milk may not be sufficient for breastfed infants. Therefore, the AAP recommends 400 IUs/day of supplemental vitamin D, beginning shortly after birth for all infants, including those exclusively breastfed.

Question: 3

Which of the following statements is TRUE concerning the supervision of the functions of advanced practice nurses (APNs)?

A. National laws regulate the scope of practice for advanced practice nurses (APNs)
B. The APN may practice throughout the country as long as s/he is licensed in at least one state
C. The nursing profession outlines the scope of practice and defines its boundaries
D. Employers are responsible for ensuring that APNs practice within the boundaries defined by state practice acts

Answer: C

Explanation:
Correct answer: The nursing profession outlines the scope of practice and defines its boundaries
The nursing profession defines the boundaries of professional nursing practice by developing and enforcing the scope and standards of nursing practice, and by informing the public about the parameters of nursing practice.
Each state has its own rules and regulations about nursing practice; therefore, the functions, scope of practice, and titles may differ from state-to-state, especially at the advanced practice level. The practitioner must be licensed in the state in which s/he works. Each nurse practitioner (not their employer) is responsible for ensuring that they practice within the boundaries set by their particular state practice act, as well as within the limits of their own competency, the professional code of ethics, and professional practice standards.

Question: 4

Which of the following is NOT an example of teratogen?

A. Thalidomide (Thalomid)
B. Tetracycline (Sumycin)
C. Diphenhydramine (Benadryl)
D. Cytomegalovirus (CMV)

Answer: C

Explanation:
Correct answer: Diphenhydramine (Benadryl)
A teratogen is an agent that causes malformation of an embryo. Teratogens may cause a birth defect in the child or may halt the pregnancy outright. Although teratogens have traditionally been considered as environmental toxins altering critical embryonic and fetal development, it now appears that genomic factors can have significant modifying effects to the teratogen.
Thalidomide is a notorious teratogen; however, exposures can also include viruses (CMV) and medications (tetracycline). Diphenhydramine (Benadryl) is generally considered safe to take during pregnancy.

Question: 5

Which of the following is MOST likely to be indicated for an infant with Prader-Willi syndrome?

A. Increased calorie intake
B. Using a Prader-Willi specific growth chart for plotting weight and height
C. Use of a gastrostomy tube
D. Implementation of a calorie restricted diet

Answer: A

Explanation:
Correct answer: Increased calorie intake
Initally, the child with Prader-Willi syndrome is hypotonic and may demonstrate dysphagia and failure-to-thrive (FTT) as an infant. In addition, these infants often have poor feeding skills, a weak suck, tire easily, and do not always spontaneously demand feedings. Increased calorie feedings are often necessary to assist with weight gain.
By 3 to 4 years old, however, the child becomes hyperphagic, lacking the internal regulation responsible for satiety, and becomes at risk for overweight, obesity, and additional health problems. At this time, it may be necessary to implement calorie-restricted diets for weight control (decreased caloric intake), and encouragement of healthy eating habits and exercise are vitally important.
Prader-Willi growth charts do exist but are only for children over 1 year of age who are not receiving growth hormone therapy. For infants with Prader-Willi under 1 year of age or those receiving growth hormone therapy, normal growth charts are indicated. A gastrostomy tube should be avoided whenever possible but, when absolutely necessary, should be promptly removed when no longer indicated to minimize severe scarring.

Question: 6

All of the following are areas of concern regarding informatics and child health care, EXCEPT:

A. Group conferences among practitioners and patients

B. Protecting patient privacy
C. Monitoring and tracking growth and development
D. Tracking immunization information

Answer: A

Explanation:
Correct answer: Group conferences among practitioners and patients
Core pediatric data must be managed across systems. Maternal and newborn health information, tracking immunization information, monitoring and tracking growth and development, providing age-appropriate medication dosing and laboratory test result interpretation, protecting patient privacy, identifying patient data accurately and precisely, and providing selective data for clinical research and quality improvements, are all areas of concern.
Videos, interactive methods, the Internet, texting, and group conferences among practitioners and/or patients and families can all be used to enhance health care.

Question: 7

A 3-year-old male presents to the ER with his mother after two days of diarrhea and vomiting. He is lethargic, his eyes are sunken and his mucous membranes are dry. His skin turgor is poor, and his mom reports there are no tears when he cries. Upon exam, he is tachypneic and his capillary refill time (CRT) is prolonged. You confirm the diagnosis of rotavirus diarrhea.
What is the BEST rehydration therapy for this patient?

A. 5% dextrose in 1/2 normal saline IV at 1000 mL + 50 mL/kg for each kg over 10 kg
B. IV Lactated Ringer solution, 20 mL/kg body weight bolus
C. IV normal saline solution, 20 mL/kg of body weight over 4 hours
D. Oral rehydration solution (ORS) 100 mL/kg body weight over 4 hours

Answer: B

Explanation:
Correct answer: IV Lactated Ringer solution, 20 mL/kg body weight bolus
This patient is severely dehydrated; therefore, the most appropriate therapy is Lactated Ringer (LR) solution intravenously in boluses of 20 mL/kg body weight until perfusion and mental status improves. After improvement is seen, administer 100 mL/kg body weight ORS over 4 hours, or 5% dextrose in 1/2 normal saline IV at twice the maintenance fluid rates (1000 mL + 50 mL/kg for each kg over 10 kg). Normal saline (NS) is less effective for treatment in cases of severe dehydrating diarrhea because it contains no bicarbonate or potassium. Therefore, use only NS if LR is not available, then supplement with ORS as soon as the patient can tolerate drinking. Plain glucose in water is ineffective and should not be used.

Question: 8

Which of the following statements regarding cultural considerations for pediatric primary care is CORRECT?

A. No individual belongs to only one culture
B. Providers with essentialist assumptions about cultural differences have a high level of competence and respect towards their culturally diverse patients
C. The degree to which one experiences discrimination has little impact on one's beliefs and behaviors
D. A constructivist view of culture dominates in the health care literature today

Answer: A

Explanation:
Correct answer: No individual belongs to only one culture
Culture is a complex, dynamic, learned pattern of behavior that is integral to the being of individuals and communities. One's ethnicity, gender, age, sexual orientation, spiritual practices, social, educational, and economic status, and geographic location all help shape an individual's cultural worldview. In addition, the degree to which one experiences discrimination or persecution also has a profound impact on one's beliefs and behaviors. No one belongs to only one culture. Rather, each person, family, and community represents a unique blend of overlapping cultures influencing perception, attitudes, and behavior.
An essentialist view of culture dominates in the health care literature today, and tends to oversimplify cultural information. Failure to address the diversity that exists within a cultural group results in ethnic groups being considered as all similar, when in fact, the variations within the group may be greater than the differences between cultural groups. Providers with these essentialist assumptions about cultural differences may have a false sense of competence. Instead of demonstrating respect as they intend, they may stereotype their patients, families, and communities in which they work.

Question: 9

Which of the following statements is CORRECT about the cardiovascular effects of stimulant use for ADHD within the pediatric population?

A. These patients need to be monitored for palpitations, shortness of breath, fainting, elevated blood pressure, and chest pain
B. Obtain an EKG at baseline and throughout treatment for pediatric patients on stimulants
C. If there are any positives when screening for cardiovascular risk prior to initiating treatment with ADHD stimulant medications, alternative medication must instead be initiated
D. There is a black-box warning on stimulants due to increased risk of sudden cardiac death in pediatric patients

Answer: A

Explanation:
Correct answer: These patients need to be monitored for palpitations, shortness of breath, fainting, elevated blood pressure, and chest pain

Screening for cardiovascular risk prior to initiating treatment with any of the ADHD medications includes: 1) detecting a cardiac history of shortness of breath with exercise, exercise intolerance, fainting or seizures with exercise, palpitations, elevated blood pressure, previously detected cardiac abnormalities, rheumatic fever, cardiomyopathy, and/or dysrhythmia; 2) obtaining a family cardiac history of any irregularities; 3) complete physical examination. If cardiac history and examination are negative, no further tests are recommended prior to starting ADHD medication.
While the child is taking stimulants, the pediatric PCP must monitor the child for palpitations, shortness of breath, syncope, chest pain, and vital signs, including blood pressure.
A study was published in 2011 by the FDA showing that there was no association between the use of certain ADHD medications and adverse cardiovascular effects. The recommendations from this study state that these medications should be used according to the professional prescribing label only.
Obtaining an EKG on these patients is generally not necessary. If any positives are identified while screening for cardiovascular risk prior to initiating treatment, a consultation with pediatric cardiology is necessary before initiation of medication.

Question: 10

A 5-month-old female with a diagnosed congenital heart defect, poor feeding, hypotonia, constipation, and recurrent otitis media is referred to a geneticist for developmental delay. Chromosome analysis is consistent with DiGeorge syndrome.
This syndrome is caused by a deletion in which chromosomal region?

A. 15q11
B. 7q11
C. 22q11
D. 5p

Answer: C

Explanation:
Correct answer: 22q11
The patient in this scenario is exhibiting characteristics of DiGeorge syndrome (also known as velocardiofacial syndrome), caused by a deletion in chromosome 22q11.
Deletions in chromosomes 7q11 are associated with Williams syndrome. Deletions in 5p are associated with Cri-du-Chat syndrome, and Prader-Willi syndrome is caused by a deletion in 15q11 (deletion in the paternally-derived chromosome 15).

Question: 11

Emotional, mental, or behavioral disorders are common in children with attention-deficit/hyperactivity disorder (ADHD). Behavior and conduct problems are found in what percentage of children diagnosed with ADHD?

A. 52%

B. 14%
C. 17%
D. 33%

Answer: A

Explanation:
Correct answer: 52%
There is a high incidence of other disorders that coexist with ADHD. Some of these coexisting conditions may manifest over time, so close monitoring and follow-up are imperative.
Approximately 64% of children with ADHD have another emotional, mental, or behavioral disorder (52% behavior or conduct problem, 33% anxiety, 17% depression, 14% autism spectrum disorder [ASD], and 1% Tourette syndrome).

Question: 12

Which of the following is the MOST severe type of urinary tract infection (UTI) seen in children?

A. Asymptomatic bacteriuria
B. A complicated UTI
C. Pyelonephritis
D. Cystitis

Answer: C

Explanation:
Correct answer: Pyelonephritis
Since young children often have limited or unusual symptoms, a high degree of suspicion must be maintained to diagnose UTI. Inflammation and/or infection can occur anywhere along the urinary tract, so a UTI must be identified based on location.
Pyelonephritis is the most severe type of UTI involving the renal parenchyma or the kidneys and must be identified and treated quickly because of the potential irreversible renal damage that can occur. It is located in the back, has an acute onset, and is associated with high fever, chills, nausea, vomiting, and, less often, diarrhea. Symptoms of cystitis may be present, including dysuria, frequency, urgency, and suprapubic pain. Costovertebral angle tenderness focuses the diagnosis to the urinary tract. A urinalysis reveals pyuria and bacteriuria, and the hemogram shows leukocytosis. Treatment is with antibiotics.
Asymptomatic bacteriuria is bacteria in the urine without any other symptoms. It is benign and does not cause renal injury. Cystitis is an infection of the bladder causing lower tract symptoms, but it does not cause fever or renal injury. A complicated UTI is defined as a UTI with fever, toxicity, and dehydration, or a UTI occurring in a child younger than 3 to 6 months old.

Question: 13

A 7-year-old female presents to clinic with a rash on her hands, wrists, armpits, forearms, and genitalia. She complains that the rash itches severely, especially at night, but she does not have a history of fever. Her younger sibling has a similar rash. The physical examination reveals assorted vesicles, pustules, and papular lesions, concentrated on the webs of her fingers, sides of her hands, and folds in the axillae. What condition does this child MOST likely have?

A. Pediculosis
B. Tinea corporis
C. Impetigo
D. Scabies

Answer: D

Explanation:
Correct answer: Scabies
Scabies is caused by the mite, Sarcoptes scabiei, a human parasite that burrows into the skin and causes intense itching. Scabies is highly infectious, and is spread through close contact and sharing of linens or clothing. Sensitization, causing intense itching, occurs approximately 3 weeks after infestation. Characteristic lesions include curving S-shaped burrows, especially on the webs of fingers and sides of hands, folds of wrists and armpits, forearms, elbows, belt line, buttocks, genitalia, or proximal half of foot and heel.
Diagnostic studies include a microscopic exam of scrapings from an unscratched burrow in saline or mineral oil or the burrow ink test. Management involves 5% cream permethrin for affected individuals and others who have been exposed to the patient, as well as washing linens and clothing in hot water and vacuuming the home.

Question: 14

You are working in an outpatient pediatric clinic as a pediatric nurse practitioner. Of the following employees, who is responsible for identifying areas of performance and quality improvement within the clinic?

A. Nursing personnel
B. Administrative leaders
C. Physicians
D. All staff

Answer: D

Explanation:
Correct answer: All staff
All staff members should be held accountable for identifying areas of improvement within the organization. Any performance or quality improvement projects should also include all levels of staff.

Question: 15

A 21-year-old woman who is breastfeeding her 4-month-old infant son reports right breast tenderness and pain. She has also been experiencing flu-like symptoms including fever, chills, and body aches for the past 24 hours. After a thorough assessment, you determine she has mastitis and start her on antibiotic therapy and analgesics for pain as necessary.
What information is appropriate to provide for breastfeeding on the affected side?

A. Discontinue breastfeeding on the affected side during antibiotic therapy to allow adequate healing of the affected breast
B. Discontinue breastfeeding from the affected side during antibiotic therapy to decrease bacterial spread to the infant as milk is contaminated until treatment is complete
C. Continue breastfeeding or, if pain is severe, pump from the affected side, so that the mastitis does not progress into an abscess
D. Continue breastfeeding to allow the bacterial load within the affected breast to aid in boosting the baby's immune system

Answer: C

Explanation:
Correct answer: Continue breastfeeding or, if pain is severe, pump from the affected side, so that the mastitis does not progress into an abscess
Lactational mastitis is an infection of the breast that can occur at any time during lactation, including pregnancy. Staphylococcus aureus is commonly reported as the causative agent.
The mother should empty the breast frequently and continue breastfeeding or pumping from the affected breast. Never instruct the mother to wean abruptly because of the possibility of the mastitis progressing into an abscess.
Breast milk is not infected and is safe for the infant to continue ingesting. Have the mother use analgesics as necessary as this condition can be very painful, especially when the affected breast is full of milk.
If conservative management and supportive care are ineffective and symptoms persist beyond 12 to 24 hours, administer oral antibiotics for 10-14 days, and instruct the mother to rest (extremely important), take warm showers or use warm wet compresses, and increase fluid intake.

Question: 16

What is the gold standard for diagnosis of cystic fibrosis (CF)?

A. One or more of the following clinical features: chronic sinopulmonary disease, GI and nutritional abnormalities, salt loss syndrome, chronic metabolic alkalosis, and/or male urogenital abnormalities
B. Newborn screening
C. Pilocarpine iontophoresis sweat test
D. Pulmonary function tests

Answer: C

Explanation:
Correct answer: Pilocarpine iontophoresis sweat test
CF is a multisystem genetic disorder manifested by chronic obstructive pulmonary disease (COPD), GI disturbances, and exocrine dysfunction. It is the most common autosomal-recessive disease. It affects the sodium-chloride transport gene and impairs the lungs, exocrine pancreas, and the vas deferens.
The sweat test is considered the gold standard for diagnosing CF. The child must have one or more of the clinical features of CF before ordering the sweat test. Newborn screening (NBS) is now done in all 50 states that may measure immunoreactive trypsinogen (IRT) in the newborn's blood. If IRT is elevated, sweat testing is performed. Pulmonary function tests (PFTs) are used to follow the clinical course.
In addition, the diagnosis of CF can be made in patients with clinical features of the disease if:
• Sweat chloride is greater than 60 mmol/L
• The concentration of sweat chloride is in the intermediate range of 30 to 59 mmol/L for infants younger than 6 months old, or 40 to 59 mmol/L for older individuals
• The child has two disease-causing CFTR mutations

Question: 17

Which of the following styles of conflict management involves pursuing your own goals at the expense of another, and may be seen between pediatric health care professionals working closely together within an organization?

A. Accommodation
B. Avoiding
C. Compromise
D. Competition

Answer: D

Explanation:
Correct answer: Competition
Competition involves wanting to get your way no matter how it affects the other party. It is commonly a win-lose situation but may work to resolve conflict in an emergent scenario when a quick decision is needed.
The other answer choices are different styles of conflict negotiation or management.

Question: 18

Positive Kernig and Brudzinski signs may indicate the presence of:

A. Multiple sclerosis
B. Streptococcal disease
C. Bacterial meningitis

D. Rett syndrome

Answer: C

Explanation:
Correct answer: Bacterial meningitis
Bacterial meningitis is usually a disease of infants and young children. Evidence of meningeal irritation often includes positive Kernig and Brudzinski signs.
In the presence of meningitis, flexion of the neck causes spontaneous flexion of the legs at the hips and knees, known as the Brudzinski sign.
The Kernig sign is elicited when the patient lies supine and, with the knee flexed, the leg is flexed at the hip. The knee is then extended. A positive sign is present if this movement is limited by contraction of the hamstrings and causes pain.

Question: 19

Which of the following is the MOST common cause of seizure activity in a full-term newborn?

A. Hydrocephalus
B. Intraventricular hemorrhage (IVH)
C. Hypoglycemia
D. Hypoxia

Answer: D

Explanation:
Correct answer: Hypoxia
Hypoxic-ischemic insults can occur from a variety of causes including placental abruption, maternal hemorrhage, cord compression, mechanical injury, maternal hypertension or diabetes, and inadequate resuscitation of the infant. Brain damage results from fetal hypoxia or ischemia over an extended period, followed by metabolic and respiratory acidosis. Hypoxia is the most common cause of seizure activity in the term neonate.
The other answer choices are less common causes of seizures seen in the term infant.

Question: 20

Which of the following statements is TRUE of cytomegalovirus (CMV) in the newborn?

A. Most perinatal CMV infections have long-term neurological effects on the fetus
B. A mother who is positive for CMV will pass immunity onto her baby while pregnant
C. CMV is a member of the herpesvirus family, and a majority of infected newborns are asymptomatic
D. Proof of congenital infection requires obtaining specimens within 2 to 4 months of birth

Answer: C

Explanation:
Correct answer: CMV is a member of the herpesvirus family, and a majority of infected newborns are asymptomatic
CMV transmission to the infant occurs via the placenta, passage through an infected maternal genital tract, or postnatally by ingestion of CMV-positive human milk. Most perinatal CMV infections do not have long-term neurological effects on the fetus, but fetal damage is worse following an infection in the first half of pregnancy. About 0.5% to 1% of all live-born infants are infected in utero and excrete CMV at birth, and approximately 10% of these neonates will have severe systemic findings. As many as 90% of infected newborns are asymptomatic.
The outcome of symptomatic congenital CMV infection is poor, with a 3% to 10% mortality rate, and up to 50% of children will have isolated sensorineural hearing loss.
Proof of congenital infection requires obtaining specimens within 2 to 4 weeks (not 2 to 4 months) of birth. Viral isolation or a strongly positive test for serum IgM anti-CMV antibody, especially with a fourfold rise in titers, is considered diagnostic.

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