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**Canadian Critical Pediatric Care Nursing Examination
(CNCCP)**

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Question: 1

A condition in which a patient has blood in his or her urine is known as what?

- A. hemovolemia
- B. hematuria
- C. urinary tract infection
- D. urinary hyperplasia

Answer: B

Explanation:

The correct answer to the question is "hematuria." Hematuria is a medical term used to describe the presence of blood in the urine. This condition can manifest in two forms: gross hematuria and microscopic hematuria.

Gross hematuria is when blood in the urine is visible to the naked eye. The urine may appear red, pink, or brown, and this can be quite alarming to the patient. Microscopic hematuria, on the other hand, is when the blood in the urine is not visible to the naked eye but can be detected under a microscope during a urine test.

There are various causes of hematuria. These can range from benign conditions such as urinary tract infections or kidney stones to more serious conditions like bladder or kidney cancer. Vigorous exercise and certain medications can also lead to transient instances of hematuria.

The diagnosis of hematuria involves a series of tests to determine the underlying cause. A healthcare provider may request a urine sample to confirm the presence of red blood cells and conduct further tests like imaging studies (e.g., ultrasound, CT scan) and cystoscopy to examine the urinary tract in detail.

Treatment for hematuria depends on its underlying cause. For instance, antibiotics may be prescribed for a urinary tract infection, while more complex treatments might be necessary for conditions like cancer or kidney disease.

It is important for individuals experiencing blood in their urine to consult a healthcare provider for an accurate diagnosis and appropriate management to prevent potential complications.

Question: 2

A child suffering from severe dehydration has received her first round of hydration treatment. Additional hydration of 50 mL/kg is required. She is still unable to take fluids by mouth. Which of the following interventions is appropriate?

- A. Give the child another bolus of 40 mL/kg of fluid.
- B. Give the child a bolus of 80 mL/kg of fluid.
- C. Wait until the child can tolerate fluids by mouth.

D. Give the child 25 mL/kg of fluid via bolus within the first 8 hours, and the remaining 25 mL/kg of fluid via bolus within the first 16 hours.

Answer: D

Explanation:

In the scenario of a severely dehydrated child who is unable to take fluids orally and has already received an initial round of hydration treatment, the next step in management involves administering an additional 50 mL/kg of fluid. The best approach for this subsequent hydration is to divide the required fluid volume and administer it in two separate boluses: 25 mL/kg within the first 8 hours and the remaining 25 mL/kg within the first 16 hours.

The rationale behind this staggered bolus approach is to efficiently replenish the child's fluid levels without overwhelming the circulatory system or causing potential fluid overload. Administering the fluid in divided doses ensures that the hydration is both effective in resolving the dehydration and safe, minimizing the risk of complications such as pulmonary or systemic edema.

This method is particularly advantageous in cases where the child is unable to take fluids by mouth due to reasons such as reduced consciousness, severe nausea or vomiting, or other medical complications that impair oral intake. In such cases, intravenous (IV) administration is necessary and bolus therapy is preferred over a continuous infusion in acute settings to quickly restore circulatory volume and ensure vital organs are adequately perfused.

Adding electrolytes such as potassium to the IV solution may also be considered, depending on the child's electrolyte levels and overall metabolic status. This is crucial because severe dehydration often leads to significant electrolyte imbalances that need to be corrected concurrently with fluid therapy to prevent further complications.

Other options, such as giving a single larger bolus of 80 mL/kg or waiting until the child can tolerate oral fluids, are less appropriate. A larger bolus could potentially lead to fluid overload, while delaying rehydration could worsen the child's condition and lead to further dehydration complications. Hence, the staggered bolus approach not only provides a balanced and rapid rehydration strategy but also aligns with safe pediatric care practices in managing severe dehydration.

Question: 3

You are educating a patient about the care of her transverse colostomy. She asks how often she should empty the pouch. Which of the following is an appropriate response?

- A. Whenever the pouch is completely full.
- B. Twice daily.
- C. When the pouch is one-third to one-half full.
- D. Every eight hours.

Answer: C

Explanation:

When educating a patient about the care of their transverse colostomy, one critical aspect to discuss is the frequency of emptying the ostomy pouch. An appropriate response to the patient's question about how often the pouch should be emptied is: "When the pouch is one-third to one-half full."

It is important to educate the patient that the ostomy pouch should not be allowed to get more than one-half full. The reason for this recommendation is that a pouch that becomes too full can place excessive pressure on the appliance. This pressure can compromise the adhesive seal between the skin barrier and the skin, leading to potential leakage of the contents. Leakage not only causes discomfort and inconvenience but can also irritate the skin around the stoma, potentially leading to skin complications.

Additionally, emptying the pouch when it is one-third to one-half full helps in maintaining odor control. A fuller pouch might have a higher risk of emitting odors, which can be uncomfortable for the patient. Regular emptying helps in managing these odors effectively.

It is also practical for patients to empty the pouch when it is only partially full to avoid heavy and bulky pouches that can be difficult to manage, particularly in public or workplace settings. Keeping the pouch less full contributes to better discretion and comfort, which can significantly improve the quality of life for individuals with a colostomy.

Educating patients on these aspects helps them manage their colostomy more effectively, ensuring both physical comfort and psychological well-being. Providing clear guidelines on when to empty the ostomy pouch is a crucial component of patient education following colostomy surgery.

Question: 4

A social determinant of a person's health can be determined by

- A. Heart health.
- B. Geography.
- C. Blood pressure.
- D. Weather.

Answer: B

Explanation:

Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. These determinants provide the context for individual and community well-being and are shaped by the distribution of money, power, and resources at global, national, and local levels.

One key social determinant of health is geography. Geography encompasses the physical environment and location where one resides, which significantly influences health outcomes in various ways. For instance, living in a rural area might mean less access to healthcare facilities, while urban settings might expose individuals to pollution and crowded living conditions. Access to healthy foods, safe parks, and quality education can also vary greatly depending on one's geographical location, all of which impact health.

Other social determinants include socioeconomic status, which relates to both income and education. People with higher socioeconomic status generally have better access to healthcare services and more opportunities for health-promoting activities, such as exercise, than those with lower socioeconomic status. Access to care is another crucial determinant; without adequate healthcare services, both preventive and therapeutic, individuals are at higher risk of poor health outcomes.

In addition to these, other factors such as blood pressure and heart health are often considered more personal health factors rather than social determinants. These are influenced by both genetics and individual lifestyle choices, such as diet and exercise, although they can also be influenced indirectly by

social determinants. For example, a person living in a community with poor access to affordable healthy foods may be at greater risk of hypertension and heart disease.

Weather, while it can affect health (for instance, extreme temperatures can lead to health issues like heat stroke or hypothermia), is generally not considered a social determinant of health. It is more of an environmental factor that can affect individuals temporarily but does not usually have the long-term impacts on public health infrastructure and access as the social determinants do.

Thus, when considering the broad scope of factors that can determine health outcomes, geography stands out as a significant social determinant because it encapsulates many aspects of the environment that profoundly influence public health systems and individual health outcomes.

Question: 5

This explains coagulation Factor VII.

- A. "Forms clot."
- B. "Activates IX."
- C. "Binds to VIII and mediates platelet adhesion."
- D. "Activates IX and X."

Answer: D

Explanation:

The correct explanation related to coagulation Factor VII is that it "Activates IX and X." This answer is crucial in understanding how Factor VII contributes to the coagulation cascade, which is essential for blood clot formation following vascular injury.

Coagulation Factor VII is a protein that plays a significant role in the clotting process. It is part of a group of proteins known as the coagulation factors which are involved in controlling bleeding by forming blood clots. Specifically, Factor VII is critical in the initiation phase of coagulation. When there is vascular damage, Factor VII is activated to Factor VIIa. The activated Factor VIIa then interacts with tissue factor (TF), which is exposed at the injury site. This interaction forms a complex that catalytically activates Factor IX and Factor X.

Activated Factor IX (Factor IXa) further promotes clot formation by converting Factor X to its active form (Factor Xa) in a reaction that also involves Factor VIII. On the other hand, Factor Xa converts prothrombin to thrombin, a key enzyme in the conversion of fibrinogen to fibrin, which forms the structural basis of a blood clot. Therefore, the activation of Factors IX and X by Factor VIIa is a pivotal step that amplifies the coagulation cascade and leads to the eventual clot formation.

In contrast, the other coagulation factors mentioned have different roles: - Factor I, also known as fibrinogen, is directly involved in the formation of the clot by being converted to fibrin. - Factor XI, when activated (Factor XIa), specifically acts to activate Factor IX, contributing further to the cascade leading to clot formation. - von Willebrand factor does not directly activate any coagulation factors but plays a critical role in mediating platelet adhesion to the site of vascular injury and stabilizing Factor VIII.

Understanding the specific function of each coagulation factor is essential for diagnosing and treating disorders of coagulation, which can manifest as either excessive bleeding or unwanted clot formation (thrombosis). Factor VII, by activating Factors IX and X, serves as an essential initiator of the coagulation cascade, highlighting its key role in hemostasis and thrombotic processes.

Question: 6

You are teaching a patient how to care for her wound when she is discharged. You have shown her how to open the packet of the gauze pad she will need to use in cleaning her wound. When you ask her to try doing the same, she has difficulty opening the packet. Which of the following is NOT an appropriate strategy?

- A. Show the patient how to open the packet a second time, then ask her to try again.
- B. Wait patiently while the patient works to open the package.
- C. Take the packet from the patient, open it yourself, then move on to the next stage of the care process.
- D. Reassure the patient that it can be frustrating learning to deal with different types of packaging, but that she will get more comfortable with practice.

Answer: C

Explanation:

The question deals with teaching a patient how to independently care for a wound after being discharged from a healthcare setting. The patient encounters difficulty while attempting to open a packet of gauze, which is integral to wound care. The question then asks to identify the strategy that is NOT appropriate in helping the patient learn self-care.

The correct answer to the question is: "Take the packet from the patient, open it yourself, then move on to the next stage of the care process." This strategy is inappropriate because it does not facilitate patient learning or independence. Instead, it involves completing the task for the patient without providing further instruction or opportunity to practice. This approach directly contradicts the goal of patient empowerment and education, which is crucial for effective self-care post-discharge.

Effective strategies in such teaching scenarios include: 1. **Demonstration**: Initially showing the patient how to open the packet, as you have done, provides a visual guide for what the process should look like. 2. **Encouragement to Try Again**: If the patient struggles, showing them how to open the packet again is beneficial. It reinforces the learning process and provides another opportunity to observe the necessary steps. 3. **Patience and Support**: Allowing the patient time to try opening the packet by themselves, even if they struggle, is important. During this time, providing reassurance and emotional support helps alleviate frustration and anxiety, making the learning environment more conducive to success. 4. **Verbal Encouragement**: Telling the patient that initial difficulties are normal and that they will improve with practice can boost confidence and perseverance.

In summary, the primary goal of patient education in this context is to ensure the patient is capable of performing self-care independently and confidently. Taking over the task not only robs the patient of the opportunity to learn and practice but also potentially leaves them unprepared to manage their care after discharge. It is crucial to encourage them, demonstrate multiple times if necessary, and allow them plenty of attempts to master the skills needed for their care.

Question: 7

Asking a patient to determine the difference between two different scents tests which nerve?

- A. Vagus.
- B. Facial.
- C. Olfactory.
- D. Trigeminal.

Answer: C

Explanation:

The correct answer is the olfactory nerve. The olfactory nerve, also known as cranial nerve I, is primarily responsible for the sense of smell. Testing this nerve involves evaluating the ability to detect and differentiate odors. This is because the olfactory nerve carries sensory information related to smell from the nose to the brain.

In a clinical setting, when a patient is asked to determine the difference between two different scents, the test is specifically assessing the function of the olfactory nerve. This type of test might involve presenting various substances with distinct smells and asking the patient to identify them or to compare and contrast the scents. Such tests are crucial when there is suspicion of olfactory dysfunction, which can occur due to various reasons such as head trauma, infections, or neurological diseases like Parkinson's or Alzheimer's disease.

It is important to note that the olfactory nerve is not typically tested in a standard neurological examination unless there is a specific reason to suspect an anomaly. This is partly because olfactory impairments are less common than other neurological deficits, and also because the testing procedure requires specific setups and materials that are not always readily available in a general exam setting. Other nerves like the vagus nerve (cranial nerve X) or the trigeminal nerve (cranial nerve V) also play roles in sensory functions, but they do not directly influence the sense of smell. The trigeminal nerve, for instance, carries sensations from the face to the brain, including some sensory input from the nose, but it is primarily involved with touch and pain rather than olfaction. The vagus nerve mainly deals with autonomic functions of the body and does not have a role in olfactory sensing.

In summary, when a patient's ability to differentiate between scents is being tested, it directly involves the olfactory nerve. This test can provide valuable information about the state of this nerve and help in diagnosing underlying conditions affecting the sense of smell.

Question: 8

Which of the following is a risk factor for septic shock?

- A. Malnourishment.
- B. Latex sensitivity.
- C. Spinal cord injury.
- D. Depressant action of medications.

Answer: A

Explanation:

The correct answer to the question of which condition is a risk factor for septic shock is malnourishment. Septic shock is a severe and potentially fatal condition that typically occurs when an infection in the body leads to dangerously low blood pressure and abnormalities in cellular metabolism.

Malnourishment weakens the immune system, reducing the body's ability to fight off infections effectively, which can lead to an increased risk of severe infections that may progress to sepsis and then septic shock.

Conversely, latex sensitivity, spinal cord injury, and the depressant action of medications are not directly linked to septic shock but are associated with different types of shock. Latex sensitivity is a risk factor for anaphylactic shock, a severe allergic reaction that can lead to shock due to the immune system's overreaction to latex proteins. This type of shock is characterized by widespread inflammation and swelling, which can restrict airways and decrease blood pressure.

Spinal cord injury is a known risk factor for neurogenic shock. This type of shock occurs when there is a sudden loss of signals from the sympathetic nervous system due to severe damage to the spinal cord. This loss impairs the body's ability to maintain blood pressure, leading to a sudden drop that can be life-threatening.

Similarly, the depressant action of medications primarily impacts neurogenic or other forms of shock by suppressing the central nervous system, potentially leading to decreased heart rate and blood pressure. These effects can exacerbate the condition of a patient already at risk for shock but are not directly linked to septic shock.

In summary, while malnourishment significantly increases the risk of septic shock by compromising immune defense against infections, other factors such as latex sensitivity, spinal cord injuries, and depressant medications are associated with different types of shock, emphasizing the importance of understanding specific risk factors pertinent to each shock type.

Question: 9

Which of the following is NOT a reason to discontinue a cardiopulmonary stress test?

- A. Oxygen falls below 80 percent.
- B. Diastolic BP is greater than 120 mm Hg.
- C. ECG abnormalities.
- D. Systolic BP greater than 120 mm Hg.

Answer: D

Explanation:

* A cardiopulmonary stress test, also known as a cardiac stress test, is used to evaluate the heart's ability to respond to external stress in a controlled clinical environment. This test can involve either exercise on a treadmill or a drug that stimulates the heart. The test is monitored using an electrocardiogram (ECG) and sometimes imaging and blood pressure measurements. There are specific criteria and conditions under which a cardiopulmonary stress test must be discontinued for the safety of the patient. *

* One reason to discontinue a cardiopulmonary stress test is if the patient's oxygen saturation falls below 80 percent. Normal oxygen saturation levels usually range from 95 to 100 percent; a drop below 90 percent is concerning, and dropping below 80 percent indicates severe hypoxemia. This condition can jeopardize patient safety, indicating severe impairment in gas exchange, possibly due to respiratory distress or cardiac issues. *

* Another critical reason for discontinuation is observing significant ECG abnormalities during the test. These abnormalities can include arrhythmias, significant ST-segment depression or elevation, or other

ischemic changes. These changes can signify serious underlying cardiac problems that could lead to adverse outcomes such as myocardial infarction (heart attack) if the test continues. *

* Extremely high blood pressure readings during the test, particularly a systolic blood pressure greater than 250 mm Hg, is a direct criterion for stopping the test. Such high values can pose immediate risks, including the risk of stroke, heart attack, or other cardiovascular injuries. *

* In contrast, a systolic blood pressure of greater than 120 mm Hg is not typically a reason to discontinue a cardiopulmonary stress test. This level of systolic blood pressure is within normal ranges, especially during exercise when it is expected that systolic blood pressure will increase. Normal systolic blood pressure during exercise can go up to 200 mm Hg depending on the intensity of the activity and the individual's baseline blood pressure. *

* Therefore, among the options given, the one that is NOT a reason to discontinue a cardiopulmonary stress test is "Systolic BP greater than 120 mm Hg." This level of systolic blood pressure during a stress test does not generally indicate an immediate health risk requiring the cessation of the test.

Question: 10

What is the Health Care Financing Administration (HCFA)?

- A. This is a state based organization that regulates Medicaid.
- B. This is a federal agency responsible for the management of Medicare and a portion of Medicaid.
- C. This is a national health service system set up to coordinate international health research.
- D. This is a major federal body responsible for financing the prevention and control of diseases.

Answer: B

Explanation:

The Health Care Financing Administration (HCFA) was a federal agency established to manage and oversee the United States' major healthcare programs, specifically Medicare and parts of Medicaid. Medicare is a federal program providing health coverage for people who are 65 or older or have severe disabilities, while Medicaid is a state and federal program that provides health coverage if you have a very low income.

HCFA was responsible for the administration of these programs, ensuring that they ran smoothly and efficiently, and that they complied with all federal guidelines and regulations. This involved a range of tasks from policy formulation and healthcare funding to oversight of healthcare delivery and quality assurance.

In 2001, HCFA was renamed the Centers for Medicare & Medicaid Services (CMS). This change was more than nominal; it reflected the agency's broadening role and the increasing complexity of healthcare financing and administration. Under its new name, CMS continued to oversee Medicare and Medicaid, but also took on additional responsibilities for other federal healthcare programs.

The renaming also aimed to make the agency's purpose and scope clearer to the public and other stakeholders. As CMS, the agency continues to ensure that the eligible populations have access to healthcare services. Moreover, it also plays a critical role in implementing healthcare-related aspects of new legislation and adapting programs to meet the evolving needs of the public.

It's important to distinguish CMS from other health-related federal agencies like the Centers for Disease Control and Prevention (CDC), which is primarily responsible for public health promotion, prevention of diseases, and preparedness for new health threats. While CMS and CDC may collaborate, their core

responsibilities are different, with CMS focusing more on healthcare access and financing, and CDC on health monitoring and disease outbreak management.

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