

ATI Pediatric Proctored Exam

(CHECK THE LAST PAGE FOR MULTIPLE VERSIONS OF THE EXAM AND OTHER ATI EXAMS)

- 1) A nurse is providing discharge teaching to the parents of a 6-month-old infant who is postoperative following hypospadias repair with a stent placement. Which of the following instructions should the nurse include in the teaching?
 - a) "You may bathe your infant in an infant bathtub when you go home."
 - b) "Apply hydrocortisone cream to your infant's penis daily."
 - c) "You should clamp your infant's stent twice daily."
 - d) **"Allow the stent to drain directly into your infant's diaper."**

- 2) A nurse is monitoring the oxygen saturation level of an infant using pulse oximetry. The nurse should secure the sensor to which of the following areas on the infant?
 - a) Wrist
 - b) **Great toe**
 - c) Index finger
 - d) Heel

- 3) A nurse is caring for a school-age child who has primary nephrotic syndrome and is taking prednisone. Following 1 week of treatment, which of the following manifestations indicates to the nurse that the medication is effective?
 - a) **Decreased edema**
 - b) Increased abdominal girth
 - c) Decreased appetite
 - d) Increased protein in the urine

- 4) A nurse is planning care for a newly admitted school-age child who has generalized seizure disorder. Which of the following interventions should the nurse plan to include?
 - a) Ensure that a padded tongue blade is at the child's bedside.
 - b) Allow the child to play video games on a tablet computer.
 - c) Allow the child to take a tub bath independently.
 - d) **Ensure the oxygen source is functioning in the child's room.**

- 5) A nurse is receiving change-of-shift report for four children. Which of the following children should the nurse assess first?

- a) A toddler who has a concussion and an episode of forceful vomiting
 - b) An adolescent who has infective endocarditis and reports having a headache
 - c) An adolescent who was placed into halo traction 1 hr ago and reports pain as 6 on a scale of 0 to 10
 - d) A school-age child who has acute glomerulonephritis and brown-colored urine
- 6) A nurse is providing dietary teaching to the guardian of a school-age child who has cystic fibrosis. Which of the following statements should the nurse make?
- a) "You should offer your child high-protein meals and snacks throughout the day."
 - b) "You should decrease your child's dietary fat intake to less than 10% of their caloric intake."
 - c) "You should restrict your child's calorie intake to 1,200 per day."
 - d) "You should give your child a multivitamin once weekly."

1. A guardian calls the clinic nurse after his child has developed symptoms of varicella and asks when his child will no longer be contagious. Which of the following responses should the nurse make?

- a) "When your child no longer has a fever."
- b) "Three days after the rash started."
- c) "Six days after lesions appear if they are crusted." (The nurse should inform the guardian that a child will stop being contagious around 6 days after the lesions appeared, as long as they are crusted over.)
- d) "When your child's lesions disappear."

2. A nurse is reinforcing teaching about sudden infant death syndrome (SIDS) with the parent of a 1-month-old infant. Which of the following statements by the parent indicates an understanding of the teaching?

- a) "I will let my baby sleep with me in bed at night."
- b) "I will allow my baby to have a pacifier while sleeping." (The nurse should reinforce with the parent that allowing the infant to fall asleep with a pacifier in his mouth decreases the risk for SIDS.)
- c) "I will place my baby on a soft mattress to sleep."
- d) "I will cover my baby with a quilt while he sleeping."

3. **A nurse is collecting data from a school-age child. The nurse should identify that which of the following findings is a manifestation of physical abuse?**
- a) Multiple dental caries
 - b) Malnutrition
 - c) Recurrent urinary tract infections
 - d) **Bruises at various stages of healing** (The nurse should recognize that bruises at various stages of healing are a clinical manifestation of physical abuse.)
4. **A nurse is reinforcing teaching with an adolescent who has an inflamed nonperforated appendix and is scheduled for a laparoscopic assisted appendectomy. Which of the following instructions should the nurse include in the teaching?**
- a) "You can begin drinking fluids again 2 days after your surgery."
 - b) "You will need to ask for pain medication for the first 24 hours after surgery."
 - c) "You will have your vital signs monitored every 8 hours after surgery."
 - d) **"You will sit in your chair at least twice a day after surgery."** (The nurse should instruct the client that she will sit in a bedside chair at least twice a day and will be encouraged to ambulate as soon as possible following surgery. This activity will enhance lung function and help prevent postoperative complications.)
5. **A nurse is assisting with the care of a child who is postoperative and received a transfusion during a surgical procedure. Which of the following findings indicates the child is having a hemolytic reaction?**
- a) **Chills and flank pain** (Chills and flank pain are findings that indicate an incompatibility of the transfused blood product with the client's blood. The nurse should identify this finding as an indication that the child is having a hemolytic reaction.)
 - b) Pruritus and flushing