

Peds HESI Spring 2021

1. The nurse plans to screen only the highest risk children for scoliosis. Which group of children should the nurse screen FIRST?
 - a. Boys between ages 10 and 14
 - b. Girls between 10 and 14
 - c. Boys and girls between ages 8 and 12
 - d. Boys and girls between ages 12 and 14
2. A 9 year old with celiac disease is admitted to the pediatric unit following an appendectomy. Which food should the nurse remove from this child's meal tray?
 - a. Turkey
 - b. Chicken rice soup
 - c. Fruit cup
 - d. Crackers
3. An infant is admitted for surgery who has a Wilms tumor. Which nursing intervention should the nurse implement during the preoperative period?
 - a. Include the prone position in the q2h turning schedule.
 - b. Give antiemetic medications to prevent nausea and vomiting.
 - c. Administer pain medication FACE pain scale.
 - d. Careful bathing and handling that avoids abdominal manipulation.
4. Mother of a one-month infant call the clinic to report that the back of her infant's head is flat. How should the nurse respond?
 - a. Turn the infant on the left side brace against the crib when sleeping.
 - b. Place a small pillow under the infant's head while lying on the back.
 - c. Prop the infant in a sitting position with a cushion when not sleeping.
 - d. Position the infant on the stomach occasionally when awake and active.
5. Which nursing intervention is MOST important to assess in detecting hypopituitarism and hyperpituitarism in children?
 - a. Performing head circumference measurements of infants under 1 year old.
 - b. Noting a marked weight gain without a gain in height on a growth chart.
 - c. Assessing for behavioral problems at home and school by interviewing the parents.
 - d. Carefully recording the height and weight of children to detect inappropriate growth rate.
6. A 6 year old child is brought into the health care providers' office after stepping on a rusty nail. Upon inspection, the nurse notes the nail went through the shoes and pierced the bottom of the child's foot. Which action should the nurse implement FIRST?
 - a. Cleanse the foot with soap and water and apply an antibiotic ointment as prescribed.
 - b. Have the parent check the child temperature q4h for the next 24 hours.

- c. Transfer the child to the emergency department to receive a gamma globulin injection.
 - d. Provide teaching about the need for a tetanus booster to be given within the next 72 hours.
7. The mother of a 6 year old is concerned about her child obesity. The child's weight plots at the 75 percentile, and height at the 25 percentile. The child's body mass index (BMI) is at the 85 percentile for the age and gender. Which intervention should the nurse implement? (Select all that apply).
- a. Tell the mother that girls hit the growth spurt before boys so eating more is expected.
 - b. Inquire as to whether or not the school has a physical education program.
 - c. Determine the child's usual physical activity patterns.
 - d. Explain that the child is likely to grow into her weight.
 - e. Obtain the child's 3-day diet history base on mother input.
8. The nurse is assessing a 3-year-old boy who attends a daycare center. Following a upper respiratory tract infection, he develop acute otitis media. Which factor place this child of greater risk for developing acute otitis media?
- a. A child's eustachian tube is shorter and straighter than an adult's eustachian tube.
 - b. Attending a daycare causes frequent exposure to other children respiratory infection.
 - c. A child's inner ear is more narrow than an adult's and does not protect him from infection.
 - d. The immunity he received at birth from his mother is no longer effective.
9. a 6 year old girl is being admitted to the hospital for a repair of the umbilical hernia. Which information collected by the admitting nurse is particularly helpful in planning care of the child?
- a. A history of rubella, rubeola, or chicken pox.
 - b. Reaction to any previous hospitalization.
 - c. List of achievement timeline for developmental milestone.
 - d. Mother's use of alcohol drugs, cigarettes during pregnancy
10. During a well-baby clinic visit, the mother of a 6-month-old infant ask the nurse if she can have a prescription of poly Vi Sol fluoride. Though the infant is still breast feeding, the mother provides the child with supplement feedings. Which assessment MOST important for the nurse to obtain?
- a. Water source used with supplement feedings.
 - b. The newborn's gestational age assessment
 - c. The infant's current hemoglobin and hematocrit.
 - d. Weight gain and type of formula taken daily.
1. The nurse is caring for a 6 year old child with leukemia who had a recent bone marrow aspiration to evaluate response to chemotherapy. Laboratory results reveal a platelet count of 24,500 cells/mm (24.5x10⁹/L). Which intervention should the nurse implement?
- a. Place the child neutropenic precautions.
 - b. Initiate bleeding precautions due to myelosuppression.
 - c. Start contact precaution for blood borne infections.
 - d. Wear a mask to ensure droplet transmission precaution.

2. A 10 year old girl was bitten by tick during a camping trip receives a prescription for tetracycline for Lyme's disease. Which information should the nurse provide to ensure the client understand?
 - a. Do not take tetracyclines with milk or antacids
 - b. Inspect all areas of skin daily for tick attachment while camping in wooded areas.
 - c. Apply insect repellent to skin and clothes when expose to vectors is likely.
 - d. Wear sunglasses when outside during the day.
3. The nurse in the emergency center triaging an 8-year-old boy who fell from a tree. The child is crying and complaining of pain in the left forearm. Which intervention should the nurse implement FIRST?
 - a. Check capillary refills of the nail beds.
 - b. Apply a cold pack to his left forearm.
 - c. Assess the pain level using FACES scale.
 - d. Elevate the child's left arm on a pillow.
4. When screening a five-year-old for strabismus, what action should the nurse take?
 - a. Observe the child for blank, sunken eyes.
 - b. Inspect the child for the setting sun sign.
 - c. Direct the child to the six cardinal positions of gaze.
 - d. Have the child identify colored patterns on polychromatic cards.
5. ____ week old infant is schedule for a cleft lip repair. Which information is MOST important to the nurse to convey to the surgeon before transporting the infant _____ surgical suite?
 - a. White blood cell count of 10;000/mm (10x10/L)
 - b. Weight gain of 2 pounds (0.91kg) since birth.
 - c. Urine specific gravity is 1.011.
 - d. Red blood cells count of 2.3 million/mm (2.3 x 10/L)
6. The nurse is giving instructions to the mother of a 10-year-old boy who is newly diagnosed with type 1 diabetes mellitus (DM). When attempting to teach the mother how to administer subcutaneous insulin injections to the child, the mother tells the nurse that she is afraid of needles and cannot perform the procedure. Which intervention should the nurse implement?
 - a. Determine if the child can administer the insulin.
 - b. Assess the mother's parenting skills.
 - c. Ask if the father can help with the injections.
 - d. Encourage the mother to handle the needles.
7. During the routine physical exam, a male adolescent client tell the nurse, " sometimes my mother gets angry because I want to be with my own friends." Which is the best initial response by the nurse?
 - a. Offer to discuss his concerns together with his mother.
 - b. Ask about the client's response to his mothers' anger.
 - c. Determine if his friends are engaged in unsafe behaviors.
 - d. Offer reassurance mother's concern is normal.