

NEXT GENERATION NCLEX EXPERIENCE RN 3.0

CLINICAL JUDGEMENT PRACTICE 2



Question: 1 of 8

CORRECT

Time Remaining: 08:19:26
Pause Remaining: 08:20:00

PAUSE

FLAG

A nurse is caring for an infant in a clinic.

Exhibit 1 Exhibit 2

Nurses' Notes

4 months old:

Weight 6.8 kg (15 lb)

Height 63 cm (24.8 in)

Developmental milestones: slight head lag when pulled into a sitting position, can hold a rattle in one hand but unable to pick it up when it drops, makes consonant sounds "n" and "k"

6 months old:

Weight 8 kg (17.6 lb)

Height 67cm (26.4 in)

Developmental milestones: almost no head lag when pulled into a sitting position, drops a cube when another one is offered, makes consonant sounds "n, k, g, and b"

Drag words from the choices below to fill in each blank in the following sentence.



The nurse should follow up on and

.

Choices

fine motor skills

weight

height

respiratory rate

heart rate

temperature

BP

CORRECT

My Answer

When recognizing cues, the nurse should follow up on the infant's gross motor developmental skills and the infant's verbal skills. At 6 months of age, the infant should be able to sit with a straight back and have no head lag when pulling into a sitting position. The infant should also be able to imitate sounds and babble sounds such as "ma, mu, da, di, and hi". Both the infant's gross motor and verbal skills are delayed and need follow up by the nurse.

CONTINUE

A nurse is caring for a newly admitted 2-year-old toddler.

Exhibit 1 Exhibit 2 Exhibit 3

Medical History

Guardian reports noticing a mass on the right side of the toddler's abdomen following a bath. The toddler hasn't had a bowel movement for 2 days.
Urethral defect at birth - resolved via surgery.
No family history of cancer reported.

Complete the diagram by dragging from the choices below to specify what condition the client is most likely experiencing, 2 actions the nurse should take to address that condition, and 2 parameters the nurse should monitor to assess the client's progress.

CORRECT

My Answer

Upon recognizing and analyzing cues of a unilateral mass on the child's abdomen, the nurse's priority hypotheses is that the client most likely has a Wilm's tumor and it is important to generate solutions and take actions to prepare the client for further testing to confirm the diagnosis. Therefore, the nurse should prepare the toddler for an MRI of the abdomen and monitor vital signs frequently. Wilm's tumors are more common with children who have a congenital anomalies. Clinical manifestations of a Wilm's tumor include a unilateral mass on the child's abdomen. Some children experience pain and fever. Other manifestations, such as shortness of breath and anemia, would appear if metastasis of the tumor has occurred. The nurse should monitor the toddler's blood pressure for hypertension, which would indicate excess renin excretion from the tumor and manifestations of anemia which would indicate a hemorrhage within the tumor.



Question: 3 of 8

CORRECT

Time Remaining: 08:15:46
Pause Remaining: 08:20:00

PAUSE

FLAG

A nurse in a clinic is caring for an infant at the 6-month well-child visit.

Exhibit 1 Exhibit 2 Exhibit 3 Exhibit 4

Medical History

Infant born at 40 weeks of gestation with a myelomeningocele. Surgical repair of the defect occurred at 1 day old without complications.

Progressive hydrocephalus was noted and a ventriculoperitoneal (VP) shunt was placed at 2 months of age.

Select the 4 findings that require immediate follow-up.



- Respiratory rate
- Head lag
- Head circumference
- Heart rate
- Irritability
- Inability to pick up objects
- VP shunt line
- Fontanel findings

CORRECT

My Answer

When recognizing cues, the nurse should identify that an increase in head circumference of 5 cm (2 in) in the infant over the past 2 months is an unexpected finding that requires immediate follow-up by the provider. This finding can be an indication that the VP shunt is not draining cerebrospinal fluid adequately from the ventricle and might cause an increase in intracranial pressure. The head circumference of an infant is expected to increase by 1.5 cm (0.6 in) each month for the first 6 months of life.

The nurse should identify that a raised, bulging anterior fontanel is an unexpected finding that requires immediate follow-up by the provider because it can indicate increased intracranial pressure related to a VP shunt malfunction.

Head lag when pulled to a sitting position is an unexpected finding that requires immediate follow-up. An infant should be able to control and support their head when pulled to a sitting position by 5 months of age. A delay in meeting expected developmental milestones can be a result of increased intracranial pressure related to a VP shunt malfunction.

The nurse should identify that increased irritability, especially when the infant is held upright, can be an indication of increased intracranial pressure related to a VP shunt malfunction and should be reported to the provider as requiring immediate follow-up.

PREVIOUS

CONTINUE