2022 HESI RN PEDIATRICS EXAM V1

- 1. A mother brings her 8 mo. old baby boy to clinic because he has been vomiting and had diarrhea for last 3 days. Which assessment is most important for nurse to make?
 - a. Assess infant abdomen for tenderness
 - b. Determine if the infant was exposed to a virus
 - c. Measure the infant's pulse
 - d. Evaluate the infant's cry
- 2. While obtaining the vital signs of a 10-year-old who had a tonsillectomy this morning, the nurse observes the child swallowing every 2-3 minutes. Which assessment should the nurse implement?
 - a. Inspect the posterior oropharynx
 - b. Assess for teeth clenching or grinding
 - c. Touch the tonsillar pillars to stimulate the gag reflex
 - d. Ask the child to speak to evaluate change in voice tone
- 3. The parents of a 3-year old boy who has Duchenne muscular dystrophy ask, "How can our son have this disease? We are wondering if we should have any more children." What information should the nurse provide to parents?
 - a. This is an inherited X-linked recessive disorder, which primarily affects male children in the family
 - b. The striated muscle groups of males can be impacted by a lack of the protein dystrophin in their mothers
 - The male infant had a viral infection that went unnoticed and untreated so muscle damage was incurred
 - d. Birth trauma with a breech vaginal birth causes damage to the spinal cord, thus weakening the muscles
- 4. A 2-week-old female infant is hospitalized for the surgical repair of an umbilical hernia. After returning to the postoperative neonatal unit, her RR and HR have increased during the last hour. Which intervention should the nurse implement?
 - a. Notify the HCP of these findings
 - b. Administer a PRN analgesic prescription
 - c. Record the findings in the child's record
 - d. Wrap the infant tightly and rock in rocking chair
- 5. A 2-year-old girl is brought to the clinic by her 17-year-old mother. When the nurse observes that the child is drinking sweetened soda from her bottle, what information should the nurse discuss with this mother?
 - a. A 2-year old should be speaking in 2-word phrases
 - b. Dental caries is associated with drinking soda
 - c. Drinking soda is related to childhood obesity
 - d. Toddlers should be sleeping 10 hours a night

- e. Toddlers should be drinking from a cup by age 2
- 6. A mother brings her 3-month-old infant to the clinic because the baby does not sleep through the night. Which finding is most significant in planning care for this family?
 - a. The mother is a single parent and lives with her parents
 - b. The mother states the baby is irritable during feedings
 - c. The infant's formula has been changed twice
 - d. The diaper area shows severe skin breakdown
- 7. The nurse determines that an infant admitted for surgical repair of an inguinal hernia voids a urinary stream from the ventral surface of the penis. What action should the nurse take?
 - a. Document the finding
 - b. Palpate scrotum for testicular descent
 - c. Assess for bladder distension
 - d. Auscultate bowel sounds
- 8. A 16-year-old with acute myelocytic leukemia is receiving chemotherapy (CT) via an implanted medication port at the out-patient oncology clinic. What action should the nurse implement when the infusion is complete?
 - a. Administer Zofran
 - b. Obtain blood samples for RBCs, WBCs, and platelets
 - c. Flush mediport w/ saline and heparin solution
 - d. Initiate an infusion of normal saline

- 9. A mother brings her 3-week old infant to the clinic because the baby vomits after eating and always seems hungry. Further assessment indicates that the infant's vomiting is projectile, and the child seems listless. Which additional assessment finding indicates the possibility of a life-threatening complication?
 - a. Irregular palpable pulse
 - b. Hyperactive bowel sounds
 - c. Underweight for age
 - d. Crying without tears
- 10. The nurse is performing a routine assessment of a 3-year old at a community health center. Which behavior by the child should alert the nurse to request a follow-up for a possible autistic spectrum disorder?
 - a. Performs odd repetitive behaviors
 - b. Shows indifference to verbal stimulation
 - c. Strokes the hair of a hand held doll
 - d. Has a history of temper tantrums

- 11. Following admission for cardiac catheterization, the nurse is providing discharge teaching to the parents of a 2-year-old toddler with tetralogy of Fallot. What instruction should the nurse give the parents if their child becomes pale, cool, lethargic?
 - a. Encourage oral electrolyte solution intake
 - b. Assess the child to a recumbent position
 - c. Contact their HCP immediately
 - d. Provide a quiet time by holding or rocking the toddler
- 12. A mother brings her 2-year-old son to the clinic because he has been crying and pulling on his earlobe for the past 12 hours. The child's oral temperature is 101.2 F. Which intervention should the nurse implement?
 - a. Ask the mother if the child has had a runny nose
 - b. Cleanse purulent exudate from the affected ear canal
 - c. Apply a topical antibiotic to the periauricle area
 - d. Provide parent education to prevent recurrence
- 13. During a follow up clinical visit a mother tells the nurse that her 5-month-old son who had surgical correction for tetralogy of fallot has rapid breathing, often takes a long time to eat, and requires frequent rest periods. The infant is not crying while being held and his growth is in the expected range. Which intervention should the nurse implement?
 - a. Stimulate the infant to cry to produce cyanosis
 - b. Auscultate heart and lungs while infant is held
 - c. Evaluate infant for failure to thrive
 - d. Obtain a 12-lead electrocardiogram
- 14. The mother of an 11-year old boy who has juvenile arthritis tells the nurse, "I really don't want my son to become dependent on pain medication, so I only allow him to take it when he is really hurting." Which information is most important for the nurse to provide this mother?
 - a. The child should be encouraged to rest when he experiences pain
 - b. Encourage quiet activities such as watching television as a pain distracter
 - c. The use of hot baths can be used as an alternative for pain medication
 - d. Giving pain medication around the clock helps control the pain
- 15. The mother of a 4-month-old baby girl asks the nurse when she should introduce solid foods to her infant. The mother states, "My mother says I should put rice cereal in the baby's bottle now." The nurse should instruct the mother to introduce solid foods when her child exhibits which behavior?
 - a. Stops rooting when hungry
 - b. Opens mouth when food comes her way
 - c. Awakens once for nighttime feedings
 - d. Gives up a bottle for a cup

- 16. A 6-year-old boy with bronchial asthma takes the beta-adrenergic agonist agent albuterol (Proventil). The child's mother tells the nurse that she uses this medication to open her son's airway when he is having trouble breathing. What is the nurse's best response?
 - a. Recommend that the mother bring the child in for immediate evaluation
 - b. Advise the mother that over-use of the drug may cause chronic bronchitis
 - c. Assure the mother that she is using the medication correctly
 - d. Confirm that the medication helps to reduce airway inflammation
- 17. A mother brings her school-aged daughter to the pediatric clinic for evaluation of her anti-epileptic medication regimen. What information should the nurse provide to the mother?
 - a. The medication dose will be tapered over a period of 2 weeks when being discontinued
 - b. If seizures return, multiple medications will be prescribed for another 2 years
 - c. A dose of valproic acid (Depakote) should be available in the event of status epilepticus
 - d. Phenytoin (Dilantin) and phenobarbital (Luminal) should be taken for life
- 18. A child receives a prescription for amantadine 42 mg PO BID. Amantadine is available as a 50 mg/5 mL syrup. Using a supplied calibrated measuring device, how many mL should the nurse administer per dose? (round to nearest tenth)

 $0.5 \, \mathrm{mL}$

- 19. A male toddler is brought to the emergency center approximately three hours after swallowing tablets from his grandmother's bottle of digoxin (Lanoxin). What prescription should the nurse implement first? Administer activated charcoal orally
 - a. Administer activated charcoal
 - b. Prepare gastric lavage
 - c. Obtain a 12-lead electrocardiogram
 - d. Give IV digoxin immune fab (Digibind)
- 20. An 8-year-old male client with nephrotic syndrome is receiving salt-poor human albumin IV. Which findings indicate to the nurse that the child is manifesting a therapeutic response?
 - a. Decreased urinary output
 - b. Decreased periorbital edema
 - c. Increased periods of rest
 - d. Weight gain 0.5 kg/day
- 21. A mother of a 3-year old boy has just given birth to a new baby girl. The little boy asks the nurse, "why is my baby sister eating my mommy's breast?" how should the nurse respond? Select all that apply
 - a. Remind him that his mother breastfed him too
 - b. Clarify that breastfeeding is the mother's choice
 - c. Reassure the older brother that it does not hurt his mother
 - d. Explain that newborns get milk from their mothers in this way

- e. Suggest that the baby can also drink from a bottle
- 22. A middle school male student was recently diagnosed with attention-deficit hyperactivity disorder (ADHD) and is having trouble with his grades. He is referred to the school nurse by the teacher because he continues to have learning problems. Which action should the school nurse take?
 - a. Ask the parents to have the child seen by a clinical psychologist
 - b. Ask the parents to become involved in helping the child with his homework
 - c. Refer the child to the school counselor for educational testing
 - d. Seek the advice of the school principle regarding the child's learning needs
- 23. A child diagnosed with Kawasaki disease is brought to the clinic. The mother reports that her child is irritable, refuses to eat, and has skin peeling on both his hands and feet. Which intervention should the nurse instruct the mother to implement first? *
 - a. Place the child in a quiet environment
 - b. Make a list of foods that the child likes
 - c. Encourage the parents to rest when possible
 - d. Apply lotion to hands and feet
- 24. The nurse is preparing a teaching plan for the parents of a 6-month-old infant with GERD. What instruction should the nurse include when teaching the parents measures to promote adequate nutrition?
 - a. Alternate glucose water with formula
 - b. Mix the formula with rice cereal
 - c. Add multivitamins with iron to the formula
 - d. Use water to dilute the formula
- 25. A child with pertussis is receiving azithromycin (Zithromax Injection) IV. Which intervention is most important for the nurse to include in the child's plan of care?
 - a. Obtain vital signs at onset of fluid overload
 - b. Change IV site dressing q3 days and PRN
 - c. Monitor for signs of facial swelling or urticartia
 - d. Assess for abdominal pain and vomiting
- 26. The nurse is conducting an admission assessment of an 11-month old infant with CHF who is scheduled for repair of restenosis of coarction of the aorta hat was repaired 4 days after birth. Findings include blood pressure higher in the arms than the lower extremities, pounding brachial pulses, and slightly palpable femoral pulses. What pathophysiologic mechanisms support these findings?
 - a. The aortic semilunar valve obstructs blood flow into the systemic circulation
 - b. The lumen of the aorta reduces the volume of the blood flow to the lower extremities
 - c. The pulmonic valve prevents adequate blood volume into the pulmonary circulation
 - d. An opening in the atrial septum causes a murmur due to a turbulent left to right shunt