

**2023 NGN ATI RN NURSING CARE OF CHILDREN PROCTORED EXAM
2019 QUESTIONS WITH CORRECT ANSWERS RATED 100%
CORRECT!!**

A nurse is providing education about dietary modifications to the parent of a school age child who has glomerulonephritis. Which of the following information should the nurse include in the teaching?

- A. Increase the child calcium intake
- B. Decrease the Child's sodium intake**
- C. Increase the child's intake of carbohydrates
- D. Decrease the child's fat intake - answerB. Decrease the Child's sodium intake

A nurse is providing teaching to the parents of a school-age child newly diagnosed with a seizure disorder. The nurse should teach the parents to take which of the following actions during a seizure?

- A. Minimize movement of the limbs
- B. Insert a tongue blade between the teeth
- C. Clear the area of hard object**
- D. Place the child in a prone position - answerC. Clear the area of hard object

A nurse is assessing an adolescent who has type 1 diabetes mellitus. Which of the following findings is the nurse's priority?

- A. HbA1C 11.5%**
- B. cholesterol 189 mg/dL
- C. Preprandial blood glucose 124 mg/dL
- D. Glycosuria - answerA. HbA1C 11.5%

A nurse is providing anticipatory guidance to a parent of a 1- month-old infant. The nurse should include that it is recommended to start this series of which of the following immunization first?

- A. Varicella
- B. measles, mumps, rubella
- C. Inactivated poliovirus**
- D. Hepatitis A tetra - answerC. Inactivated poliovirus

A nurse is reviewing the laboratory report of a toddler who has hemolytic uremic syndrome. Which of the following findings should the nurse expect?

- A. Creatinine 0.3 mg/dL - normal
- B. Hbg 18 g/dL -this is elevated, Hbg should be decreased
- C. Urine casts absent - urine should be positive for casts, blood and protein
- D. BUN 28 mg/dL - answerD. BUN 28 mg/dL**

A nurse is caring for a school-age child who is experiencing a sickle cell crisis. Which of the following actions should the nurse take? (ATI pg. 126)

- A. Administer furosemide IV twice per day.
- B. Apply warm compresses to the affected areas**
- C. Decrease the child's fluid intake
- D. Initiate contact precautions. - answer B. Apply warm compresses to the affected areas

A nurse is assessing a 6-month-old infant who has respiratory syncytial virus. The nurse should immediately report which of the following finding to the provider?

- A. Rhinorrhea - Expected
- B. Tachypnea**
- C. Pharyngitis - Expected
- D. Coughing (and sneezing) - Expected - answer B. Tachypnea

A nurse is planning to teach an adolescent who is lactose intolerant about dietary guidelines. Which of the following instructions should the nurse include in the teaching?

- A. You can drink milk on an empty stomach.
- B. You should consume flavored yogurt instead of plain yogurt.
- C. You can tolerate plain milk better than chocolate milk.
- D. You can replace milk with nondairy source of calcium** - answer D. You can replace milk with nondairy source of calcium

A nurse on a pediatric intensive care unit is caring for a toddler who weighs 12 kg (26.5 lb) and is postoperative following open heart surgery. Which of the following findings should the nurse report to the provider?

- A. Skin temperature 36C (96.8 F)
- B. Pedal and posterior tibial pulses of 2+
- C. Urine output of 15 mL in the last 2 hr - urine output should = 1mL/kg/hr =>24mL**
- D. Drainage from the chest tube of 22 mL in the last hour - answer C. Urine output of 15 mL in the last 2 hr - urine output should = 1mL/kg/hr =>24mL

A nurse is providing dietary teaching to a parent of a 10-month-old infant who has phenylketonuria. Which of the following responses by the parent indicate an understanding of the teaching?

- A. My daughter can't drink orange juice - has nothing to do with anything
- B. I will steam carrots and cut them into small pieces for her."**
- C. I should ensure that my daughter eats one ounce of meat every day." - avoid high protein
- D. I will switch her to whole milk now that she is old enough." - avoid high protein - answer B. I will steam carrots and cut them into small pieces for her."

A nurse is providing teaching to the parent of a preschool-age child who has celiac disease. Which of the following instructions should the nurse include?

- A. Your child will be on a gluten-free diet for the rest of her life."**

- B. Your child will need to follow a low-protein diet temporarily."
 - C. You should place your child on a high-fiber diet when she has an exacerbation."
 - D. You should replace white flour with wheat flour when preparing meals for your child."
- answer A. Your child will be on a gluten-free diet for the rest of her life."

A nurse is administering albuterol by metered dose inhaler for a preschool-age child who is experiencing an asthma exacerbation. Which of the following findings should the nurse report to the provider?

- A. Respiratory rate 24 /min - expected/normal finding for this age child
- B. Peak flow rate of 80% - this is in the green zone, expected/desired finding
- C. Intercoastal retractions**
- D. Elevated heart rate - expected side effect of albuterol - answer C. Intercoastal retractions

A nurse is caring for a school-age child who is 1 hr postoperative following it tonsillectomy. Which of the following actions should the nurse take? (Select all that apply.)

- A. Administer an analgesic to the child on a scheduled basis.**
- B. Observe the child for frequent swallowing
- C. Provide cranberry juice to the child.
- D. Maintained a child in supine position.
- E. Discourage the child from coughing - answer A. Administer an analgesic to the child on a scheduled basis.
- B. Observe the child for frequent swallowing
- E. Discourage the child from coughing

A nurse is caring for a school-age child who has heart failure. Which of the following findings should the nurse expect? (select all that apply.)

- A. Tachycardia**
- B. Weight loss
- C. Cyanosis
- D. Dyspnea
- E. Bounding peripheral pulses - answer A. Tachycardia
- D. Dyspnea
- E. Bounding peripheral pulses

A nurse in an emergency department is assisting a toddler who has a head injury. Which of the following findings should the nurse report to the provider?

- A. Glasgow coma scale score of 15 - desired finding, GCS is 3-15
- B. Respiratory rate 25/min - within normal limits (24-40)
- C. Vomiting-**
- D. Negative Babinski reflex - positive babinski 0-12 months; expected negative in toddlers - answer C. Vomiting

A nurse caring for a toddler who is in the terminal stage of neuroblastoma. The parents ask, how can we help our child now? Which of the following responses by the nurse is appropriate?

A. Talk to your child about the meaning of death."

B. Encourage your child's friends to visit."

C. Stay close to your child."

D. Change your child's schedule every day." - answer C. "Stay close to your child."

A nurse is preparing to administer cephalexin 25 mg/kg PO to a child who has otitis media and weighs 22 kg (48.5 lb). Available is Cephalexin solution 250 mg/5 mL how many mL should the nurse administer? (Round to the nearest whole number. Using a leading Zero if applies. Do not use a trailing zero.) - **answer 11 mL**

During a well-baby visit, the parent of a 2- week-old newborn tells the nurse, "My baby always keeps her head tilt to the right side. The nurse should further assess which of the following areas?

A. Sternocleidomastoid muscle

B. Posterior fontanel

C. Trapezius muscle

D. Cervical vertebrae - answer A. Sternocleidomastoid muscle

A nurse is caring for a single mother of a 6-month-old infant. During a well-baby visit, the mother expresses feeling "inexperience" in caring for the baby. The nurse should recommend which of the following community resources?

A. Respite childcare

B. Parent management training - this is a treatment center for aggressive, 'troubled' kids/teens

C. Support group for postpartum depression

D. **Parent enhancement center - answer D. Parent enhancement center**

A nurse is admitting an infant who has GERD. Which of the following is the priority assessment finding?

A. Regurgitation

B. Wheezing

C. Excessive crying

D. Weight loss - answer B. Wheezing

A nurse is caring for an infant who has severe dehydration. Which of the following clinical findings should the nurse expect?

A. Capillary refill 3 seconds - >4seconds

B. Rapid respirations - respiratory alkalosis compensation

C. Bradycardia - it would be tachycardia

D. Warm extremities - cold extremities is expected. - answer B. Rapid respirations

A nurse is teaching a group of female adolescents about healthy eating. Which of the following instructions should the nurse include in the teaching?

- A. Consume 1,500 to 1,700 calories per day."
- B. Decrease your vitamin D intake once you start to menstruate."
- C. Increase the amount of your dietary iron intake."
- D. Limit your sodium intake to 3,000 grams per day." - answerC. 'Increase the amount of your dietary iron intake."

A nurse is preparing to administer immunization to a 3-month-old infant. Which of the following is an appropriate action for the nurse to take to deliver atraumatic care?

- A. Provide a pacifier coated with an oral sucrose solution prior to the injections.
- B. Inject the immunizations into the deltoid muscle
- C. Apply eutectic mixture of local anesthetics (EMLA) cream immediately before the injections. - no, 60 minutes before hand
- D. Use a 20-gauge needle for the injections. - no, use 22-25gauge needle, 1/2"-1" long - answerA. Provide a pacifier coated with an oral sucrose solution prior to the injections.

A nurse is caring for a child who has impetigo contagiosa that developed in the hospital. Which of the following actions should the nurse take?

- A. Report the disease to the state health department.
- B. Administer amphotericin B IV.
- C. Initiate contact isolation precautions.
- D. Applying lidocaine ointment topically. - answerC. Initiate contact isolation precautions.

A nurse is providing discharge teaching to the parents of a school-age child who has cystic fibrosis. Which of the following responses by the parents indicate an understanding of the teaching?

- A. I will limit my child's daily fluid intake."
- B. I will restrict the amount of sodium in my child's diet."
- C. I will give my child pancreatic enzymes with snacks and meals."
- D. I will prepare low-fat meals with limited protein for my child." - answerC. "I will give my child pancreatic enzymes with snacks and meals."

A nurse is caring for a 4-year-old child who has meningitis and is receiving gentamicin. Which of the following laboratory values should the nurse report to the provider?

- A. Creatinine 1.4 mg/dL - very far above expected finding
- B. Creatinine 0.3 mg/dL - 0.3-0.5mg/dL is normal for 1-5 years
- C. BUN 6 mg/dL - 7-17mg/dL is normal for 4-13 years
- D. BUN 12 mg/dL - 7-17mg/dL is normal for 4-13 years - answerA. Creatinine 1.4 mg/dL

A nurse is providing teaching to the parent of a school-age child who has ADHD and a new prescription for methylphenidate. The nurse should explain that this medication will have which of the following therapeutic effects?

- A. Promoting rest
- B. Improving appetite