

ATI retake practice 1 - PEDS ati possible questions

Nurs Sit (Florida Atlantic University)

1- A nurse in the emergency department is caring for a 2-year-old child who was found by his parents crying and holding a container of toilet bowl cleaner. The child's **lips** are **edematous** and inflamed, and he is **drooling**. Which of the following is the **priority action** by the nurse?

Check the child's respiratory status.

2-A nurse is teaching a parent of a **12-month-old infant** about development during the **toddler** years. Which of the following statements should the nurse **include**?

"Your child should be able to scribble spontaneously using a crayon at the age of 15 months."

3-A nurse is caring for a **toddler** and is preparing to administer 0.9% sodium chloride 100 mL IV to infuse over 4 hr. The **drop factor** of the manual IV tubing is **60 gtt/mL**. The nurse should set the **manual IV infusion** to deliver how many **gtt/min**?

STEP 1: What is the unit of measurement to calculate? gtt/min

STEP 2: What is the volume needed? 100 mL

STEP 3: What is the total infusion time? 4 hr

STEP 4: Should the nurse convert the units of measurement? Yes (min does not equal hr)

STEP 5: Set up an equation and solve for X.

$X = \text{Quantity} / 1 \text{ mL} \times \text{Conversion (hr)} / \text{Conversion (min)} \times \text{Volume (mL)} / \text{Time (hr)}$

$X \text{ gtt/min} = 60 \text{ gtt/1 mL} \times 1 \text{ hr} / 60 \text{ min} \times 100 \text{ mL} / 4 \text{ hr}$

$X = 25$

$\text{Volume (mL)} / \text{Time (min)} = \text{drop factor (gtt/mL)} = X$

$100 \text{ mL} / 240 \text{ min} \times 60 \text{ gtt/mL} = X \text{ gtt/min}$

$X = 25$

4-A nurse in a pediatric clinic is assessing a **toddler** at a well-child visit. Which of the following **actions** should the nurse take?

Minimize physical contact with the child initially.

The nurse should initially minimize physical contact with the toddler, and then progress from the least traumatic to the most traumatic procedures.

5-A nurse is caring for an 18-year-old adolescent who is up-to-date on immunizations and is planning to attend college. The nurse should inform the

client that he should receive which of the following immunizations prior to moving into a campus dormitory?

Meningococcal polysaccharide

The meningococcal polysaccharide immunization is used to prevent infection by certain groups of meningococcal bacteria. Meningococcal infection can cause life-threatening illnesses, such as meningococcal meningitis, which affects the brain, and meningococemia, which affects the blood. Both of these conditions can be fatal. College freshmen, particularly those who live in dormitories, are at an increased risk for meningococcal disease relative to other persons their age. Therefore, the Centers for Disease Control and Prevention has issued a recommendation that all incoming college students receive the meningococcal immunization.

6-A nurse is teaching the parent of an infant about food allergens. Which of the following foods should the nurse include as being the most common food allergy in children?

Cow's milk

According to evidence-based practice, the nurse should instruct the parent that cow's milk is the most common food allergy in children. Some children are sensitive to the protein, called casein, found in cow's milk. They have difficulty metabolizing the casein and are, therefore, allergic to cow's milk.

7-A nurse is teaching the parent of a toddler about home safety. Which of the following statements by the parent indicates an understanding of the teaching?

"I lock my medications in the medicine cabinet."

8-A nurse is performing a physical assessment on a 6-month-old infant. Which of the following highlight reflexes should the nurse expect to find?

Babinski

The Babinski reflex, which is elicited by stroking the bottom of the foot and causing the toes to fan and the big toe to dorsiflex, should be present until the age of 1 year. Persistence of neonatal reflexes might indicate neurological deficits.

9-A nurse is preparing to administer recommended highlight immunizations to a 2-month-old infant. Which of the following immunizations should the nurse plan to administer?

Haemophilus influenzae type B (Hib) and inactivated polio virus (IPV)

The recommended immunizations for a 2-month-old infant include Hib and IPV. The Hib immunization series consists of 3 to 4 doses, depending on the immunization used, and at a minimum is administered at the ages of 2 months, 4 months, and 12 to 15 months. The IPV immunization series consists of 4 doses and is administered at the ages of 2 months, 4 months, 6 to 18 months, and 4 to 6 years.

10-A nurse is developing a *plan of care* for a school-age child who underwent a surgical procedure that resulted in a *temporary loss of vision*. Which of the following interventions should the nurse include in the *plan of care*?

Explain sounds the child is hearing.

The noises in a facility can be frightening to a child who is experiencing a sensory loss. It is important to explain these noises to allay the child's fears.

11-A nurse is assessing a *3-year-old child* who is 1 day postoperative following a tonsillectomy. Which of the following methods should the nurse use to *determine* if the child is experiencing *pain*?

Use the *FACES scale*.

12-A nurse is assessing a *6-month-old infant* at a well-child visit. Which of the following findings indicates the need for *further assessment*?

Legs remain crossed and extended when supine

Legs crossed and extended when supine is an unexpected finding and requires further assessment. At 6 months of age, the legs flex at the knees when the infant is supine. Crossed and extended legs when supine is a finding associated with cerebral palsy.

13-A nurse is observing a mother who is playing peek-a-boo with her 8-month-old child. The mother asks if this game has any *developmental significance*. The nurse should *inform* the mother that peek-a-boo helps develop which of the following concepts in the child?

Object permanence

14-A nurse is caring for a 15-month-old toddler who requires *droplet precautions*. Which of the following *actions* should the nurse take?

Wear a mask when assisting the toddler with meals.

The nurse should wear a mask when within 3 to 6 feet of the toddler to prevent the transmission of infections that are spread via large droplet particles expelled in the air.

15-A nurse at a pediatric clinic is assessing a **5-month-old infant** during a well-child visit. Which of the following findings should the nurse **report to the provider**?

Head lags when pulled from a lying to a sitting position

At the age of 5 months, the infant should have no head lag when pulled to a sitting position; therefore, the nurse should report this finding to the provider.

16-A nurse is planning to collect a specimen from a male infant using a **urine collection bag**. Which of the following **actions** should the nurse take?

Wash and dry the infant's genitalia and perineum thoroughly

This is the method used to obtain a routine urine specimen of any sort in a child who is not toilet trained. The skin should be washed and dried to promote application of the adhesive of the collection device.

17-A nurse in a pediatric clinic is caring for a 3-year-old child who has a blood lead level of 3 mcg/dL. When teaching the **toddler's parent** about the correlation of **nutrition** with **lead poisoning**, which of the following information is **appropriate** for the nurse to include in the teaching?

Ensure the child's dietary intake of calcium and iron is adequate

A child who has an elevated blood lead level should have an adequate intake of calcium and iron to reduce the absorption and effects of the lead. Dietary recommendations should include milk as a good source of calcium.

18-A nurse is planning care for a 10-month-old infant who has suspected **failure to thrive (FTT)**. Which of the following interventions should the nurse **include** in the plan of care? (Select all that apply.)

Observing the parents' actions when feeding the child is correct. Inappropriate feeding techniques and meal patterns provided by parents can contribute to a child's growth failure.

Maintaining a detailed record of food and fluid intake is correct. A nutritional goal for the child who has suspected FTT is to correct nutritional deficiencies, which can be identified by recording all food and fluid intake.

19-A nurse is assessing a **7-year-old** child's psychosocial development. Which of the following findings should the nurse recognize as requiring **further evaluation**?

The child complains daily about going to school.