

# **PNCB CPN - Quiz Questions with Answers**

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# Assessment

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Assessment

1.

A 7-year-old boy with cerebral palsy is transitioning from a specialized educational facility to a mainstream public school. What should a pediatric nurse prioritize when assessing the new school environment?

**Availability of tailored educational support**

Proximity to the child's residence

Number of students in the classroom

School's extracurricular activities

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*Correct answer: Availability of tailored educational support*

*Ensuring the availability of tailored educational support is essential for a child with cerebral palsy transitioning to a mainstream school, as it addresses both educational adaptations and physical accommodations needed for optimal learning and integration.*

*Proximity to the child's residence, while convenient, is less critical than the need for specific educational supports that address the child's unique learning and mobility needs. The number of students in the classroom, although impacting the learning environment, does not specifically address the specialized needs of a child with cerebral palsy as tailored educational support does. While extracurricular activities are important for social development, they do not address the immediate educational and physical accommodations necessary for the child's daily school life.*

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2.

During a clinic visit, a nurse learns that a child's family prefers to use traditional remedies from their cultural background. Which approach is most appropriate for the nurse to take?

**Discuss integrating safe traditional remedies with medical treatment**

Advise the family to strictly follow medical advice to provide their children with the best care possible

Explain that traditional practices can not be used unless they have been studied and published in a reputable journal

Allow them to replace pharmaceutical treatments with alternative traditional remedies

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*Correct answer: Discuss integrating safe traditional remedies with medical treatment*

*Discussing the integration of safe traditional remedies with medical treatment respects the family's cultural practices while ensuring that the child receives effective and safe health care, fostering trust and cooperation.*

*Advising the family to follow medical advice strictly, without consideration of their traditional practices, may lead to resistance or non-compliance; it is important to show respect and willingness to incorporate their beliefs where possible. Demanding that traditional practices be validated through scientific study before use is impractical and may alienate the family, reducing their engagement with healthcare services. Allowing them to replace pharmaceutical treatments with traditional remedies without evaluation risks the child's health and is not a responsible medical practice.*

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**3.**

During a clinic visit, a pediatric nurse learns that a 12-year-old patient with epilepsy has missed several doses of medication over the past month. To assess barriers to adherence, what should the nurse do first?

**Ask about the child's and family's daily schedule and routines around medication times**

Report the non-adherence to the physician to facilitate interdisciplinary monitoring

Ask the physician to change the medication to one that requires less frequent dosing

Explain to the child and family the importance of medication adherence

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*Correct answer: Ask about the child's and family's daily schedule and routines around medication times*

*Asking about the daily schedule and routines around medication times directly addresses potential practical barriers to medication adherence, such as an inconsistent schedule. This approach helps tailor interventions to improve adherence.*

*Reporting non-adherence to the physician without understanding the underlying reasons does not contribute to solving the problem and may increase stress for the family. Changing the medication without first understanding the reasons for missed doses could lead to further adherence issues if the underlying causes are not addressed. While explaining the importance of medication adherence is crucial, understanding the barriers to adherence should come first to provide relevant and effective education.*

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**4.**

A school nurse is assessing pain in a 4-year-old child who has fallen and scraped their knee. Which tool is most appropriate for evaluating the child's pain level?

**FACES Pain Scale - Revised**

Numeric rating scale

Visual analog scale

Adult nonverbal pain scale

*Correct answer: FACES Pain Scale - Revised*

*The FACES Pain Scale - Revised is appropriate for a 4-year-old as it uses facial expressions to help children articulate their pain level. This aligns well with their developmental ability to recognize and use visual cues to communicate discomfort.*

*A numeric rating scale is generally not suitable for children this young as they may not reliably understand or use numbers to represent pain intensity. A visual analog scale requires a level of abstract thinking and fine motor skills that a 4-year-old may not yet possess, making it less suitable for assessing pain in this age group. The adult nonverbal pain scale is designed for adults, especially those unable to communicate verbally, and is not tailored to the expression and behavior typical of young children.*

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5.

A 12-year-old child recently witnessed a violent crime in their neighborhood. During the assessment, the nurse should prioritize evaluating which of the following?

**Signs of post-traumatic stress disorder**

Encouraging the expression of thoughts and feelings

Distracting the child and making them laugh

Having the child recount the incident to help them process the traumatic experience

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*Correct answer: Signs of post-traumatic stress disorder*

*Evaluating signs of post-traumatic stress disorder (PTSD) is crucial for a child who witnessed a violent crime, as early detection can allow for early interventions that mitigate the severity of potential future mental health disorders and their sequela.*

*While encouraging expression is beneficial, it does not address the direct assessment for PTSD, which is essential for identifying specific symptoms and initiating appropriate interventions. Distracting the child and making them laugh might temporarily ease discomfort, but it does not address the underlying trauma or assist in a clinical assessment of the child's psychological needs following the incident. Having the child explain the incident could inadvertently retraumatize them and should be handled with professional guidance specifically trained in trauma-informed care, not as an initial nursing action.*

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**6.**

During a home visit, a nurse observes that a child seems anxious and reluctant to speak in the presence of their siblings, who often interrupt to answer on the child's behalf. Which assessment should the nurse prioritize?

**The communication patterns among siblings**

Nutritional status of the children

Signs of neglect

Preferred methods of parental discipline

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*Correct answer: The communication patterns among siblings*

*Prioritizing the assessment of communication patterns among siblings is crucial in this context, as it can reveal dynamics that may contribute to the child's anxiety and reluctance to speak, impacting their ability to express needs and feelings.*

*Nutritional status is important but does not directly address the immediate concern of why the child is anxious and non-communicative in the presence of siblings. Signs of neglect are important to assess, but the specific scenario presented suggests that the immediate issue may relate more directly to sibling dynamics and communication barriers. Parental discipline methods are important for understanding overall family dynamics but are less directly related to the problem of sibling interference in communication in this situation.*

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7.

A child with a recent amputation appears to be coping well, but her siblings are reluctant to interact with her as before. What is the most appropriate action for the nurse to assess the siblings' coping mechanisms?

**Organize a family meeting to discuss the amputation openly**

Encourage the siblings to take part in care activities

Refer the siblings to a counselor to encourage their acceptance

Advise the parents to treat the child as they did prior to the amputation as much as possible

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*Correct answer: Organize a family meeting to discuss the amputation openly*

*Organizing a family meeting to discuss the amputation provides a safe space for all family members to express their feelings and concerns, facilitating open communication and understanding. This helps assess how each member, including the siblings, is coping with the change.*

*While involving siblings in care is supportive, it doesn't address their initial hesitation or reluctance to interact as before. Referring siblings directly to a counselor may be premature without first attempting to understand their feelings and providing familial support. Advising parents to treat the child as before may ignore the siblings' and the child's emotional and psychological adjustments to the amputation.*

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**8.**

During a routine visit, an 8-year-old child mentions always feeling sad and no longer wanting to play with friends. The child's grades have also recently declined. What should be the primary focus of the nurse's assessment?

**Social isolation**

Physical activity level

Nutritional deficiencies

School bullying

*Correct answer: Social isolation*

*Focusing on social isolation is crucial given the child's withdrawal from friends and declining interest in activities. These symptoms can indicate emotional distress or developing depression, requiring immediate social and psychological intervention.*

*Physical activity level is important for overall health but would not directly address the root cause of sadness and social withdrawal. Nutritional deficiencies can affect mood but are less likely the primary cause of sudden social withdrawal and sadness.*

*School bullying is important to consider, but the described symptoms broadly suggest a focus on the child's social interactions and potential emotional health issues first.*

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**9.**

A 9-year-old recently diagnosed with leukemia is quiet and spends a lot of time drawing in his hospital room. His parents seem worried but try to maintain a cheerful demeanor around him. Which approach should the nurse take to assess the coping mechanisms of the family?

**Encourage the family to express their feelings and fears about the diagnosis**

Suggest the parents keep their worries to themselves to avoid stressing the child

Recommend that the child be more active and interact with other patients

Advise the parents to consider psychiatric counseling for the child

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*Correct answer: Encourage the family to express their feelings and fears about the diagnosis*

*Encouraging open expression of feelings and fears allows the family to confront and manage their emotions, which is crucial for effective coping. This approach also helps the nurse gauge the emotional climate of the family and provide appropriate guidance or referrals.*

*Suggesting that parents hide their worries does not support healthy coping mechanisms and can lead to increased stress within the family. Recommending that the child be more active and social does not directly address the family's coping mechanisms and ignores the individual needs and preferences of the child during treatment. While psychiatric counseling might eventually be helpful, it is not the initial step in assessing coping mechanisms; first, understanding the family's emotional state is necessary.*

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**10.**

During a routine visit, the nurse notes that a child with chronic asthma seems anxious about participating in any physical activity, and his mother expresses constant concern over his condition. What should the nurse assess next?

**How the family manages stress related to asthma episodes**

The mother's understanding of asthma management

The child's understanding of his asthma triggers and management

Whether the child has friends or engages in social activities

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*Correct answer: How the family manages stress related to asthma episodes*

*Assessing how the family manages stress related to asthma provides insights into their coping mechanisms and readiness to handle asthma episodes, which are crucial for effective asthma management. This information helps tailor educational and supportive interventions to improve their handling of such situations.*

*Understanding asthma management is important, but it does not directly address how stress from asthma affects their daily life and is not likely to address the impact asthma may have on the child's participation in physical activity. While knowing the child's understanding of asthma is important, it does not provide information on the emotional aspect of managing the condition. Assessing social activities is less directly related to understanding how anxiety about physical activities is managed by the child and his mother.*

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**11.**

A pediatric nurse is evaluating a 12-year-old who has started self-harming by cutting. The child expresses feelings of hopelessness and guilt. What is the most critical aspect for the nurse to assess next?

**Suicide risk**

Family history of mental health disorders

Peer relationships

Academic stress

*Correct answer: Suicide risk*

*Self-harming behaviors combined with expressions of hopelessness and guilt are critical indicators of suicide risk. This combination necessitates immediate assessment to ensure the child's safety and to determine the need for urgent psychological intervention.*

*While a family history of mental health disorders is relevant for a comprehensive assessment, the immediate risk of suicide posed by self-harm and expressions of hopelessness must be addressed first. Assessing peer relationships is part of understanding the child's social context but secondary to the urgent need to address safety concerns related to self-harm and suicidal ideation. Academic stress may contribute to the child's distress, but assessing for it does not take precedence over assessing for immediate risks to the child's safety.*

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**12.**

During a home visit, a pediatric nurse observes that a child's primary caregiver seems particularly stressed following a recent job loss. The child has missed several recent medical appointments. What should the nurse do next to assess the situation?

**Inquire about the family's current economic situation's impact on their healthcare access**

Recommend that the caregiver find employment as soon as possible and provide referrals to local employment agencies

Avoid discussing potential underlying reasons for the missed appointments, as it is outside the nurse's scope and may cause embarrassment

Caution the caregiver about the importance of healthcare appointments

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*Correct answer: Inquire about the family's current economic situation's impact on their healthcare access*

*Understanding the economic situation helps identify barriers to accessing healthcare and allows for tailored interventions, such as connecting them with resources to ensure continued access to necessary medical care.*

*Recommending an immediate job search might increase stress and does not address the immediate healthcare needs of the child. Avoiding the discussion about underlying reasons for missed appointments can prevent the nurse from providing necessary support and identifying barriers to care. While there may be times it is appropriate to emphasize the importance of healthcare appointments, understanding and addressing the barriers to keeping those appointments is more important in this scenario.*

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**13.**

A 3-year-old child in the emergency department appears to be in pain but is non-verbal due to developmental delays. What is the best approach for the nurse to assess the child's pain?

**Use the FLACC scale to observe pain behaviors**

Ask the child to point to where it hurts

Request the child to draw the intensity of their pain

Ask the child's parents if they believe the child appears to be in pain

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*Correct answer: Use the FLACC scale to observe pain behaviors*

*The FLACC scale, which stands for Face, Legs, Activity, Cry, and Consolability, is well-suited for assessing pain in non-verbal children by observing specific behaviors that indicate pain, making it appropriate for a 3-year-old with developmental delays.*

*Asking a non-verbal child to point to where it hurts may not yield accurate information if the child lacks the communication skills to understand or respond to the question effectively. Requesting a non-verbal child to draw the intensity of their pain assumes a level of motor and cognitive skills that might not be present, particularly in a child with developmental delays. While parental input is valuable, relying solely on parents to gauge pain can be subjective and may not fully capture the child's actual pain experience, making direct observation through a structured scale more reliable.*

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**14.**

A 6-month-old infant is brought to the clinic for a routine check-up. Which indicator is most crucial for the nurse to assess current nutritional status?

**Weight for age**

Number of wet diapers

Parent-reported eating behaviors

Physical appearance

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*Correct answer: Weight for age*

*Assessing weight for age is crucial for determining a 6-month-old infant's nutritional status as it provides a direct measurement of growth and well-being, reflecting both past and current nutritional intake.*

*While the number of wet diapers can indicate hydration status, it does not provide comprehensive information on overall nutritional health. The number of wet diapers is also a less empirical approach to assessing the infant. Parent-reported eating behaviors are useful but can be subjective and variable. They do not provide as objective or immediate an assessment of nutritional status as weight for age. Physical appearance gives some insight into nutritional status, but it is less specific and quantifiable compared to using standardized growth charts and weight measurements to assess nutritional health.*

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**15.**

A 14-year-old patient presents in the clinic with dilated pupils, increased agitation, and excessive sweating. What is the most likely cause of these symptoms?

**Opioid withdrawal**

Diabetic ketoacidosis

Hypothyroidism

Chronic stress disorder

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*Correct answer: Opioid withdrawal*

*Opioid withdrawal symptoms typically include pupil dilation, increased agitation, and excessive sweating as the body reacts to the absence of opioids it has become dependent on. These signs are reflective of the sympathetic nervous system's overactivity during withdrawal.*

*Diabetic ketoacidosis primarily presents with symptoms such as excessive thirst, frequent urination, nausea, and deep, rapid breathing, rather than dilated pupils or agitation, making it a poor explanation of this patient's symptoms. Hypothyroidism typically leads to symptoms like fatigue, weight gain, and cold intolerance, not the symptoms of dilated pupils and increased agitation which are more characteristic of a hypermetabolic state. Chronic stress disorder may cause agitation but does not typically lead to physical symptoms like dilated pupils and excessive sweating, which are more indicative of acute physiological distress or withdrawal.*

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**16.**

A 15-year-old adolescent with a history of asthma and anxiety is being evaluated in an outpatient clinic. Which aspect of the adolescent's environment is most crucial to assess for potential triggers of their conditions?

**Bedroom setting for allergens**

Foods offered at school and at home

Type of paint or paper used in the patient's bedroom

Hygiene of the patient's peers

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*Correct answer: Bedroom setting for allergens*

*Assessing the bedroom setting for allergens is crucial for an adolescent with asthma, as common triggers like dust mites, pet dander, and mold can significantly exacerbate symptoms. This environment is also a place where the adolescent spends a considerable amount of time, increasing the potential impact the environment could have on affecting sleep quality and overall health.*

*While dietary triggers could sometimes play a role in asthma and anxiety, the bedroom environment directly impacts respiratory health more significantly through potential exposure to allergens during sleep. The type of paint or wallpaper used may contribute to environmental triggers but is less likely to be a primary concern compared to the presence of allergens in the bedroom. The hygiene of peers, while relevant in a broader social context, is less critical than the bedroom environment for triggering asthma symptoms directly.*

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17.

A 14-year-old presents with frequent headaches and has missed several days of school over the past month. The child appears withdrawn and has lost interest in previously enjoyed activities. What should the nurse assess first?

**Signs of depression**

Vision problems

Peer relationships

Sleep patterns

*Correct answer: Signs of depression*

*Given the symptoms of withdrawal, loss of interest in activities, and frequent headaches, assessing for signs of depression is crucial, as these can be indicative of an underlying mood disorder that needs immediate attention and intervention.*

*While vision problems can contribute to headaches, the combination of symptoms presented suggests a broader issue with a psychological origin, such as depression. Peer relationships are important but secondary to the assessment for depression when the symptoms suggest a significant impact on daily functioning and emotional state. Sleep patterns are relevant but should be assessed in the context of broader psychological evaluation for depression due to the severity and range of symptoms mentioned.*

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**18.**

During a routine health assessment, a nurse finds old burn marks on a 6-year-old child's arms, which the child is reluctant to discuss. What is the most appropriate nursing action?

**Reporting the findings to a supervisor for further action**

Immediately confronting the parents about the marks

Observing the child's interaction with the parents

Asking the child directly about how the injuries occurred

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*Correct answer: Reporting the findings to a supervisor for further action*

*Reporting the findings to a supervisor is a mandatory action for nurses when signs of potential abuse are discovered, ensuring that the observations are escalated properly for further investigation and protection of the child.*

*Confronting the parents immediately can be confrontational and may not be safe or effective before a proper investigation is conducted. Observing interactions can be insightful but should come after reporting the findings, as the priority is to initiate formal procedures to ensure the child's safety. Asking the child directly about the injuries could lead to distress or fear, especially without appropriate support and investigation frameworks in place.*

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**19.**

A pediatric nurse notices that a 10-year-old boy has become quiet and withdrawn after his sister was hospitalized for a serious illness. How should the nurse assess his coping mechanism?

**Engage him in a conversation to understand his feelings about his sister's condition**

Recognize that this is the patient's coping mechanism and support his behaviors

Encourage him to spend more time with friends to distract himself

Schedule a psychiatric evaluation to support the child through the traumatic event

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*Correct answer: Engage him in a conversation to understand his feelings about his sister's condition*

*Engaging the boy in conversation about his feelings provides an opportunity to assess his emotional and psychological well-being, helping to identify any needs for further support or intervention.*

*Simply supporting the behavior without understanding it risks missing signs of depression or anxiety that may require intervention. Encouraging social distraction might temporarily relieve stress but does not address the underlying emotional impact of his sister's illness. While a psychiatric evaluation could be beneficial, it's more appropriate for the nurse to first understand his feelings and determine the level of impact before escalating to specialist interventions.*

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**20.**

A nurse is assessing the nutritional status of an 18-month-old toddler during a clinic visit. Which method is most effective to gauge the toddler's nutritional intake?

**Reviewing a 24-hour dietary recall provided by the parent**

Measuring upper chest circumference

Asking the parents how many bowel movements that patient typically has in 24 hours

Asking the toddler if they are hungry or want a snack then gauging their response

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*Correct answer: Reviewing a 24-hour dietary recall provided by the parent*

*A 24-hour dietary recall is an effective method to gauge a toddler's nutritional intake as it provides a detailed account of what the child has consumed in a typical day. This offers direct insights into their dietary habits and nutritional adequacy.*

*Measuring upper chest circumference is less specific for assessing nutritional status compared to dietary intake data and does not provide direct information about the quality or quantity of food consumed. The frequency of bowel movements can indicate digestive health but is not a direct measure of nutritional intake and can vary widely based on factors other than diet. Asking a toddler if they are hungry or want a snack and gauging their response is not a reliable method for assessing nutritional status. Young children's immediate hunger cues do not accurately reflect overall dietary intake or nutritional health.*

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**21.**

A pediatric nurse observes a 10-year-old child who appears unkempt and is frequently absent from school. The child is quiet and withdrawn during the examination. What is the most appropriate initial action for the nurse?

**Conduct a private, detailed interview with the child about home life and personal feelings**

Immediately report the case to Child Protective Services

Ask the child direct questions about parental neglect with a sibling present

Recognize that being untidy and having absences from school is expected in some children of this age

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*Correct answer: Conduct a private, detailed interview with the child about home life and personal feelings*

*A private interview allows the nurse to assess potential issues like neglect or abuse safely and confidentially, without causing further distress or alerting potential abusers. It also helps in building trust with the child to facilitate open communication.*

*Reporting to child protective services should follow the preliminary assessment, not precede it. Asking direct questions about neglect in the presence of another child can lead to discomfort or misleading answers, jeopardizing accurate assessment. Normalizing potential neglect or poor attendance risks overlooking serious underlying issues that need addressing.*

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**22.**

A nurse observes that a 4-year-old child has significantly poor hygiene, appears underweight, and is withdrawn during the visit. Which of the following actions is most appropriate for the nurse to take first?

**Documenting the observations in detail**

Providing a meal and clean clothes to the child immediately

Calling the child's teacher for more information

Engaging the child in play to observe adult interactions

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*Correct answer: Documenting the observations in detail*

*Detailed documentation of a child's condition and any signs of neglect or abuse is critical, as it forms the basis for any further investigation or intervention and ensures all details are legally noted.*

*Providing immediate care like a meal and clean clothes, while supportive, does not address the underlying issues or ensure that the child's needs are formally assessed and documented. Calling the child's teacher may provide additional information but should follow after documenting initial observations to ensure all interactions and observations are noted in a timely and professional manner. Engaging the child in play could be a useful technique for further observation, but it does not substitute the need for immediate and detailed documentation of the child's current state.*

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**23.**

You are evaluating a 14-year-old boy who admits to occasional smoking and drinking at parties. To assess his risk-taking behaviors, what is the most important question to ask next?

**"Have you ever driven yourself or others home from these parties?"**

"Do your parents know about your smoking and drinking?"

"How often do you attend these parties?"

"Do you feel peer pressure to smoke and drink?"

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*Correct answer: "Have you ever driven yourself or others home from these parties?"*

*Asking whether the boy has driven after drinking or smoking assesses the risk of serious harm due to impaired driving. This question also opens the conversation about responsibility and legal issues associated with underage drinking, smoking, and driving.*

*While it's important to understand parental awareness, it does not directly address the potential for immediate harm or legal consequences associated with his actions. The frequency of attendance at parties is relevant for understanding social patterns but less critical than understanding behaviors that could result in immediate danger like driving under the influence of alcohol. Peer pressure is a broader context of why he might engage in these behaviors but does not address specific high-risk actions such as driving under the influence.*

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**24.**

A 7-year-old child presents to the clinic with multiple bruises of varying stages and frequent abdominal complaints. What should the nurse prioritize in assessing the child?

**Further examination of the bruising pattern**

Asking about the child's diet and exercise habits

Inquiring about the child's participation in school sports

Preparing to draw labs to test clotting factors

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*Correct answer: Further examination of the bruising pattern*

*Examining the pattern and stages of bruises can provide critical clues about possible abuse or medical issues, making it essential for correctly diagnosing or reporting potential abuse.*

*While diet and exercise are important, they do not directly relate to the assessment of bruises and abdominal complaints in a way that would prioritize them over examining potential signs of abuse or a medical condition. Inquiring about participation in sports is relevant for understanding the source of bruises but does not take precedence over examining the bruises themselves for signs of non-accidental injuries. Although testing clotting factors is important if a bleeding disorder is suspected, the priority is to assess whether the bruising pattern suggests non-accidental injury.*

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**25.**

A child with a recent diagnosis of asthma appears anxious about using an inhaler. The parents are also anxious about managing asthma attacks. What is the best approach for the nurse to assess and support the family's response to this new diagnosis?

**Demonstrate the use of the inhaler and assess the family's ability to replicate the procedure**

Prescribe anxiety medications for the patient and their parents if desired

Reassure the family that managing asthma is simple and encourage them not to overthink it

Suggest high-quality online resources about asthma management

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*Correct answer: Demonstrate the use of the inhaler and assess the family's ability to replicate the procedure*

*Demonstrating inhaler use and assessing replication ensures that both the child and the parents are competent in managing asthma attacks, directly addressing their anxiety about using the inhaler properly.*

*Prescribing anxiety medications does not address the root concern about inhaler use and should not be a first-line response to anxiety about asthma management. Reassuring the family without providing practical demonstrations and support can lead to a misunderstanding of asthma management complexities. While online resources are helpful, they do not replace direct, hands-on instruction and reassurance through personal interaction and demonstration.*

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**26.**

An 8-year-old child with repeated visits for injuries states they fell down the stairs. During the examination, the nurse notices bald patches and hesitation when answering questions. Which indicator is most concerning for potential maltreatment?

**The bald patches on the child's head**

The child's explanation for the falls

The repeated visits

The child's hesitation to answer questions

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*Correct answer: The bald patches on the child's head*

*Bald patches can indicate physical abuse or severe psychological stress, such as from pulling one's hair out, making it a particularly concerning sign of potential maltreatment.*

*While the child's explanation for injuries could be concerning, it does not immediately suggest abuse as clearly as physical signs like bald patches, which are unusual and alarming. Repeated visits for injuries are a red flag for potential abuse but do not provide as specific a data point as bald patches, which are more directly indicative of maltreatment. Hesitation may suggest fear or anxiety but is less specific than physical evidence of potential abuse, such as bald patches, in indicating maltreatment.*

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**27.**

During a health assessment of a 5-year-old child, what should the nurse prioritize to accommodate the child's developmental stage?

**Allowing the child to handle some medical instruments**

Asking the child to describe any pain using a numeric scale

Ensuring the child's privacy by asking the parent to leave the room

Completing the physical examination while the child is watching a cartoon

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*Correct answer: Allowing the child to handle some medical instruments*

*Allowing a 5-year-old to handle some medical instruments can help alleviate anxiety by making the medical environment more familiar and engaging. This approach is suitable for a child's curiosity and desire for hands-on learning at this developmental stage.*

*Asking a child of this age to describe pain using a numeric scale is generally not reliable, as children at this age may not have the numerical understanding or verbal skills to quantify their pain. Ensuring privacy by asking the parent to leave the room may not be suitable for this age, as young children often need the reassurance of a parent's presence during medical procedures. Completing the examination while the child is distracted by a cartoon might be less effective in engaging the child directly and can limit the nurse's ability to interact and assess the child's responses during the examination.*

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**28.**

A pediatric nurse is assessing a 2-month-old baby. Which assessment technique is most appropriate for evaluating physical development at this age?

**Testing the baby's ability to hold their head while on their tummy**

Asking the parents if the baby can roll from stomach to back

Checking for the absence of the rooting reflex

Evaluating the baby's response to their name

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*Correct answer: Testing the baby's ability to hold their head while on their tummy*

*Testing a 2-month-old baby's ability to hold their head while on their tummy is an appropriate assessment of physical development at this age, reflecting the strengthening of neck muscles and overall motor development.*

*Expecting a 2-month-old to roll from stomach to back is premature, as most infants develop this ability closer to 4 months. Checking for the absence of the rooting reflex is not suitable for physical development assessment at this age as this reflex typically disappears around 4 months of age and should still be present. Evaluating the baby's response to their name is not appropriate at 2 months, as infants this young do not yet have the cognitive or auditory development to respond to their names.*

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**29.**

A 14-year-old with type 1 diabetes consistently shows high blood sugar levels. The nurse needs to assess for potential barriers to insulin therapy adherence. What is the first step?

**Ask the patient about their daily routine and how they integrate insulin therapy**

Ask the patient's parents how the patient is doing with insulin therapy adherence

Ask the patient if they avoid sugary foods and monitor their diet strictly

Refer the patient to a diabetes educator for an assessment

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*Correct answer: Ask the patient about their daily routine and how they integrate insulin therapy*

*Asking about the patient's daily routine and how insulin therapy is integrated allows the nurse to understand the patient's adherence challenges and lifestyle factors. This understanding is critical for tailoring education and interventions to the patient's specific situation and improving adherence.*

*Asking the parents may not provide accurate information about the patient's own experiences and challenges with their insulin therapy. While diet is important, it does not directly address the issue of insulin therapy adherence. Referring to a diabetes educator does not immediately address how the patient manages insulin in their daily life, which is crucial for understanding adherence issues.*

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**30.**

A 5-year-old child presents with a history of frequent upper respiratory infections. The nurse is obtaining a comprehensive health history. Which of the following questions is most important to determine potential underlying causes?

**"Has your child been vaccinated according to the recommended schedule?"**

"Does your child have any favorite activities at school?"

"Can you tell me about your child's sleep habits?"

"What does your child's diet consist of?"

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*Correct answer: "Has your child been vaccinated according to the recommended schedule?"*

*Assessing vaccination status is crucial in determining a child's susceptibility to infectious diseases, as vaccinations significantly reduce the risk of many infections. By asking if the child has been vaccinated according to the recommended schedule, the nurse can identify any gaps in immunization that may explain frequent infections.*

*While knowing a child's favorite activities can provide insight into their social and cognitive development, it does not directly help in determining the underlying causes of frequent upper respiratory infections. Information about a child's sleep habits can be relevant to overall health but is not the most crucial factor in identifying the cause of recurrent respiratory infections. Understanding a child's diet is important for nutritional assessment but does not directly address important potential underlying causes of frequent respiratory infections.*

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**31.**

During a consultation, a 17-year-old patient reluctantly mentions having multiple sexual partners. What should the nurse assess next to evaluate risk-taking behaviors?

**Attitude toward using protection during sexual activity**

Total number of partners in the past year

Peer group influence on his behavior

Whether he has used alcohol within the past 6 months

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*Correct answer: Attitude toward using protection during sexual activity*

*Assessing attitudes toward protection is directly relevant to immediate health risks such as sexually transmitted infections and unplanned pregnancy. This question helps identify the level of risk the patient is currently experiencing and their awareness of protective measures.*

*While the number of partners does impact risk, it doesn't provide immediate context about preventive behaviors or current risks. Peer influence is a broader issue that might explain behavior but doesn't address the immediate health risks or protective behaviors. Alcohol use is relevant to risk-taking behavior, but the direct risk associated with sexual behavior is better assessed by understanding protection use.*

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**32.**

A pediatric nurse is evaluating a 10-year-old child with newly diagnosed juvenile arthritis. The nurse notices she seems unsure about why exercise is important. How should the nurse address the child's understanding of her condition and the importance of physical activity?

**Explain the benefits of exercise for arthritis and ask the child to summarize the explanation**

Tell the child to trust the medical professionals =

Inform the child that she will understand better as she gets older

Provide teaching to the child's parents to convey later in a way that she understands

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*Correct answer: Explain the benefits of exercise for arthritis and ask the child to summarize the explanation*

*Explaining the benefits of exercise for managing juvenile arthritis and then having the child summarize ensures understanding and engagement. This method checks both comprehension and retention, which is vital for effective self-management.*

*Telling the child to trust medical professionals does not enhance their understanding of how exercise impacts their condition. Suggesting that the child will understand when she's older does not help her manage this condition now and may lead to disengagement. Providing information only to the parents might miss addressing the child's direct concerns and questions about her health and lead to the child being less involved in their care.*

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**33.**

During a wellness visit, a nurse is assessing a 3-year-old child. What assessment would provide the most relevant information about the child's long-term nutritional status?

**Height for age**

Current body weight

Skin turgor

Head circumference

*Correct answer: Height for age*

*Assessing height for age is the most relevant measure for a 3-year-old's long-term nutritional status, as it reflects chronic nutritional intake and can indicate stunting or appropriate growth over time.*

*Current body weight provides immediate nutritional status but does not give as clear an indication of long-term nutritional trends or chronic nutritional deficiencies as height for age can. Skin turgor helps assess hydration status but does not provide information on long-term nutritional status or growth patterns. Head circumference is a critical measure in infants but becomes less indicative of overall nutritional status as children grow older, especially compared to height for age.*

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**34.**

A nurse is preparing to administer medication to a 6-year-old child in an outpatient setting. Which action is most critical to ensure the child's safety?

**Verifying the child's identity using two patient identifiers**

Asking the child if they understand why they are getting the medication

Making sure the child is ready to take the medication

Having the child verify the medication with the nurse

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*Correct answer: Verifying the child's identity using two patient identifiers*

*Verifying the child's identity using two patient identifiers, such as name and date of birth, ensures the correct child receives the intended medication. Correctly identifying a patient during medication administration is a critical safety measure in preventing medication errors.*

*While understanding medication purposes is important for older children's compliance, it does not ensure safety in terms of administering the correct medication or dose to the right child. Ensuring the child is ready to take the medication is helpful for compliance but does not address critical safety issues like misidentification or dosing errors. Having the child verify the medication is not a reliable safety measure since children, especially those as young as six, may not have the knowledge or understanding to accurately verify medication.*

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**35.**

In assessing the hearing of a 6-month-old infant, a nurse should use which technique to determine normal auditory development?

**Observing the infant's reaction to loud noises**

Asking the infant to repeat simple words like “dada” and “mama”

Conducting an otoscopic examination

Performing a whisper test

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*Correct answer: Observing the infant's reaction to loud noises*

*Observing an infant's reaction to loud noises is an appropriate method to assess hearing for an infant who is 6 months old; positive responses indicate normal auditory reflexes and neural function for age.*

*A 6-month-old is typically unable to repeat words, as speech production comes later in development. This expectation is unrealistic for assessing auditory capabilities at this age. An otoscopic examination inspects the physical structure of the ear but does not assess the hearing function or auditory response. The whisper test requires a level of comprehension and interaction beyond the developmental capacity of a 6-month-old.*

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**36.**

A nurse is assessing a 16-year-old who reports difficulty sleeping and constant worry about school performance. The teen also mentions feeling overwhelmed. Which condition should the nurse primarily consider?

**Generalized anxiety disorder**

Attention-deficit/hyperactivity disorder

Suicidal ideation

Eating disorder

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*Correct answer: Generalized anxiety disorder*

*Difficulty sleeping and constant worry about performance are hallmark symptoms of generalized anxiety disorder. This condition is a primary concern to assess in a teen presenting with these issues.*

*While ADHD can involve restlessness and difficulty concentrating, the symptoms of overwhelming worry and sleep disturbances align more closely with anxiety disorders. Suicidal ideation is a critical concern, but there's no direct indication of this in the scenario provided. It should be considered if anxiety assessment suggests deeper psychological distress. An eating disorder could be considered if there were symptoms related to body image or eating habits, but the primary symptoms described suggest an anxiety disorder.*

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**37.**

A nurse is caring for a terminally ill child whose family's spiritual beliefs emphasize prayer over medical intervention. The family wishes to have a prayer session before any medical procedure. What is the best response by the nurse?

**Schedule the medical procedures with flexibility to include prayer times**

Refer them to the hospital's chaplain

Allow quick prayers that do not interfere with the schedule

Encourage the family to focus on medical interventions rather than spiritual practices

---

*Correct answer: Schedule the medical procedures with flexibility to include prayer times*

*Scheduling medical procedures to accommodate prayer times shows respect for the family's spiritual beliefs, potentially improving their comfort and compliance with necessary medical interventions.*

*Referring them to the hospital's chaplain is supportive but should not replace accommodating their wishes for prayer times in relation to medical procedures. Allowing only quick prayers that do not interfere with the schedule may seem dismissive of the family's spiritual needs, potentially leading to feelings of being undervalued. Encouraging the family to focus only on medical interventions disregards their spiritual needs and beliefs.*

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**38.**

A 10-year-old child diagnosed with asthma experiences an increase in asthma attacks. During an appointment, the nurse observes the child becoming distressed when discussing symptoms. How should the nurse assess the child's adjustment to their condition?

**Ask the child to describe what triggers the asthma and how they feel during an attack**

Tell the child to be brave and not fear asthma attacks

Advise the parents to keep asthma medication out of the child's sight to reduce anxiety

Recommend the child be homeschooled to avoid triggers

---

*Correct answer: Ask the child to describe what triggers the asthma and how they feel during an attack*

*Asking the child to describe triggers and their feelings during an attack helps identify specific environmental or emotional factors that need to be addressed. This also engages the child in their care, making them feel heard and involved in managing their condition. It may help empower the child, decreasing their anxiety by helping them to feel more in control of their disease process.*

*Telling the child to be brave does not address their fears or the real impact of asthma on their life, and it may discourage open communication about their symptoms. It may also encourage the child to underappreciate the importance of recognizing and avoiding triggers. Keeping medication out of sight does not solve the problem of distress during attacks and can make emergency access to asthma medication more difficult. Homeschooling does not address the triggers of asthma directly and may unnecessarily isolate the child from their peers and normal activities.*

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**39.**

A 6-year-old child with mild cerebral palsy attends a local public school. Which of the following school environment adaptations would most likely support their educational and physical needs?

**A classroom on the first floor**

Homework assignments in extra large font

Prevention of participation in any physical education activities

A classroom able to accommodate a wheelchair

---

*Correct answer: A classroom on the first floor*

*Positioning a classroom on the first floor is crucial for a child with mild cerebral palsy, as it facilitates easier access, reduces the need for navigating stairs, and enhances safety and independence.*

*While using an extra large font for homework assignments may assist children with visual impairments, it does not specifically address the typical needs of a child with cerebral palsy, whose primary challenges are physical rather than visual. Preventing participation in physical education activities would not support the child's need for physical activity and social inclusion; instead, adaptations should be made to enable safe participation when possible. Although having a classroom that can accommodate a wheelchair is important, the child has mild cerebral palsy, which may not necessarily require a wheelchair. This makes first-floor classroom access a more universally beneficial adaptation.*

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**40.**

A nurse is taking the health history of a 10-year-old child who has a severe peanut allergy. To assess for potential risk factors in the child's environment, which of the following questions should the nurse ask?

**"Are there any known allergens in your child's school environment?"**

"Does your child know that they are allergic to peanuts?"

"How often does your child participate in physical education classes?"

"Do any of your child's close friends have peanut allergies?"

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*Correct answer: "Are there any known allergens in your child's school environment?"*

*Asking about known allergens in the school environment directly relates to managing and mitigating risks associated with the child's severe peanut allergy in everyday settings.*

*While it's important for the child to be aware of their allergy, this does not directly assess environmental risk factors. It instead assesses the child's ability to recognize risk factors that are present. The frequency of physical education classes does not provide information on environmental risks related to the child's peanut allergy. Whether the child's friends have peanut allergies does not directly affect environmental risk factors for the child.*

---

**41.**

A 10-year-old patient on chronic steroid therapy appears to have stunted growth. The nurse suspects that the medication is not being taken as prescribed. To explore adherence issues, what should the nurse consider first?

**The side effects of long-term steroid use that might concern the parents**

Whether the child is intentionally skipping doses due to peer influence

Ordering a growth hormone test prior to discussing adherence

Switching to an alternative medication to avoid stunted growth

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*Correct answer: The side effects of long-term steroid use that might concern the parents*

*Considering the side effects of long-term steroid use helps the nurse understand if side effects are influencing non-adherence, which is crucial for managing the child's condition effectively. Addressing these concerns can lead to adjustments in treatment or additional support to improve adherence.*

*Assuming the child is intentionally skipping doses due to peer influence without evidence could overlook other important factors affecting adherence, such as side effects or misunderstandings about the medication. Ordering a test without discussing adherence issues does not address potential reasons for non-compliance and may lead to unnecessary procedures. Switching medications without first understanding if there are factors that could lead to poor adherence might not resolve the underlying issues and could complicate the treatment plan.*

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**42.**

A 2-year-old toddler is evaluated for developmental progress. Which assessment finding is most indicative of typical developmental achievement?

**Scribbles spontaneously**

Can skip on one foot

Stacks six blocks

Uses a fork and spoon neatly

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*Correct answer: Scribbles spontaneously*

*Scribbling spontaneously is a developmental milestone typically achieved around the age of 2 years, indicating normal motor and cognitive development as the child begins to express themselves through drawing.*

*Skipping on one foot is a skill that usually develops around age 5, and expecting a 2-year-old to perform this physically coordinated task is developmentally inappropriate. Although stacking blocks is a milestone for toddlers, stacking six blocks is generally expected closer to 3 years of age, reflecting more advanced motor skills and problem-solving abilities than typically seen at 2 years. Using a fork and spoon neatly is generally mastered later in toddlerhood, as it requires more refined motor skills and coordination than a 2-year-old typically possesses.*

---

**43.**

During a routine clinic visit, a pediatric nurse observes a 4-year-old girl who seems unable to engage with playroom activities that involve group interaction. Which aspect should the nurse assess further to understand her cognitive and developmental needs?

**Her interaction with similar-aged peers at her preschool**

Her ability to recite the alphabet and count to ten

How frequently she watches television shows

Her ability to understand how to engage in play

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*Correct answer: Her interaction with similar-aged peers at her preschool*

*Assessing her interaction with peers provides insights into her social skills, peer relationships, and potential developmental issues. These insights are critical aspects of her cognitive and developmental health.*

*Knowing her ability to recite the alphabet and count to ten, while indicating cognitive milestones, does not directly assess her ability to socially interact or her comfort in group play situations. The frequency of watching television shows is less relevant to her development than understanding her interactions in a social play setting. Assessing her ability to understand play is important, but not as immediately relevant as observing her actual interactions in a social context, which provides more direct evidence of her social development and integration skills.*

---

**44.**

In a pediatric unit, a toddler is found climbing out of the crib. What is the most appropriate immediate action by the nurse to prevent potential injury?

**Arranging for the toddler not to be left alone in the room**

Placing the toddler in a crib with higher sides

Lowering the crib sides when the toddler is sleeping

Teaching the toddler why climbing is dangerous

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*Correct answer: Arranging for the toddler not to be left alone in the room*

*Ensuring that the toddler is not left alone provides immediate supervision to prevent any potential injury from climbing or other activities. This measure is particularly essential in managing the safety of a child who has demonstrated the ability to climb out of a crib.*

*Placing the toddler in a crib with higher sides may delay but not adequately prevent the risk of climbing out again, which could lead to falls and injuries. It does not address the immediate need for supervision. Lowering the crib sides when the toddler is sleeping does not prevent the child from climbing out when awake and therefore does not address the immediate risk of injury. Teaching the toddler why climbing is dangerous is not likely to be effective due to limited impulse control at this age.*

---

**45.**

A 3-year-old patient is brought in for a wellness exam. The nurse needs to review the child's medication history. Which question is most appropriate to assess the child's current medication use?

**"Does your child currently take any over-the-counter medications?"**

"Was your child ever prescribed antibiotics at any point in their life?"

"Do you have a regular pharmacy you use to fill prescriptions?"

"Who is responsible for giving your child their medications?"

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*Correct answer: "Does your child currently take any over-the-counter medications?"*

*Asking directly about the current use of over-the-counter medications is essential to accurately assess all medications the child is taking, which can affect the child's overall health and any treatment plans.*

*Information about past antibiotic use is less relevant to current medication use and its immediate impacts. While some prescription medications may be continued indefinitely, antibiotics are typically only given on a short-term basis. Knowing whether the patient has a regular pharmacy helps with logistics but does not provide direct information about the medications the child is taking. Getting the name of the pharmacy may be helpful to contact them for a medication list; however, asking merely if the patient has a pharmacy will not yield this information. Knowing who administers medications doesn't give specific information on what medications the child is currently taking.*

---

**46.**

A pediatric nurse notices that during consultations, one parent always answers while the other remains silent, looking uneasy. What is the most appropriate action for the nurse to take next?

**Ask the silent parent directly about their views on the child's treatment plan**

Continue discussing the treatment plan with the more vocal parent, following their preferred family norms

Suggest that parents alternate attending future meetings

Focus the discussion on topics that do not have the potential to be sensitive

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*Correct answer: Ask the silent parent directly about their views on the child's treatment plan*

*Engaging the silent parent directly ensures that both parents are involved and have a voice in the child's care, promoting a more comprehensive understanding of the family dynamics and the child's needs.*

*Continuously discussing the plan with the more vocal parent may overlook important insights or concerns the other parent might have, potentially leading to an incomplete understanding of the child's needs. While alternating attendance might seem fair, it does not ensure that both parents are heard during the same discussions, which is crucial for coherent treatment planning. Avoiding sensitive topics might miss important aspects of the child's care; it's important to engage in discussions that might reveal important health-related information.*

---

**47.**

A 6-year-old patient was recently diagnosed with type 1 diabetes and is with his parents in the clinic for a follow-up. The parents appear overwhelmed with the care routine. What is the most appropriate action by the nurse to develop their coping skills?

**Offer educational resources and ask how they have managed the diabetes care at home**

Suggest they speak to a social worker to discuss their feelings

Advise them to relax as they will get used to the routine

Recommend joining a support group for parents of children with chronic conditions

---

*Correct answer: Offer educational resources and ask how they have managed the diabetes care at home*

*Providing educational resources ensures that the parents are well-informed about managing type 1 diabetes, and asking about their management techniques helps identify areas where they might need additional support or information.*

*While talking to a social worker could be helpful, it doesn't directly develop their practical skills in managing the disease. Telling parents to relax may minimize their concerns and doesn't provide them with the tools or support needed to manage the disease effectively. Joining a support group is beneficial for emotional support but doesn't address the immediate need to assess and improve their practical management skills.*

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**48.**

A 10-year-old child living in a low-income urban area has frequent asthma exacerbations. In assessing this child, what is most important for the nurse to consider?

**Proximity to industrial pollution**

Type of materials the child's house is made of

Preference for indoor or outdoor play

Interest in joining a local sports team

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*Correct answer: Proximity to industrial pollution*

*Assessing proximity to industrial pollution is crucial for a child with asthma, as pollutants can exacerbate respiratory symptoms and trigger severe asthma attacks. This factor directly impacts the child's health and requires environmental intervention.*

*While the type of materials a house is made out of can affect health, industrial pollution is a more significant and direct environmental hazard for triggering asthma exacerbations. Preference for indoor or outdoor play is relevant to understanding exposure risks but does not address the environmental factors like pollution that are critical to managing asthma. Interest in joining a sports team is important for social and physical development but does not directly relate to the environmental assessment needed for asthma management.*

---

**49.**

A 10-year-old child with asthma presents with a mild cough and slight wheezing. Which follow-up action is most important to anticipate potential changes in the child's respiratory status?

**Assessing the child's peak expiratory flow rates**

Asking about the child's recent activity level

Checking the child's temperature

Reviewing the child's vaccination history

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*Correct answer: Assessing the child's peak expiratory flow rates*

*Monitoring peak expiratory flow rates is crucial for assessing the severity of asthma symptoms and predicting potential exacerbations, allowing timely intervention and management adjustments.*

*While understanding activity levels may provide context for symptoms, it does not directly measure the current respiratory function or predict worsening conditions. Checking temperature is important but less relevant in anticipating respiratory status changes in asthma unless there is a specific reason to suspect an infection. Reviewing vaccination history is part of general health maintenance but does not provide immediate data on the current respiratory status or needs of a child with asthma.*

---

**50.**

A 12-year-old child with limited mobility due to recent surgery is in the hospital. Which assessment is crucial to promote patient safety?

**Ensuring that the call bell is within reach**

Regularly checking the child's pain levels

Providing the child's favorite TV shows to keep them in bed

Adjusting the lighting in the child's room

---

*Correct answer: Ensuring that the call bell is within reach*

*Ensuring the call bell is within reach allows the child with limited mobility to quickly alert staff if assistance is needed, which is crucial in preventing accidents or addressing immediate needs.*

*While regularly checking the child's pain levels is important for comfort, it does not directly contribute to the prevention of accidents or emergencies. Providing entertainment like TV shows may keep the child engaged, but it does not ensure safety or facilitate the child's ability to seek help in an emergency. Adjusting the lighting may contribute to comfort and prevent some accidents but does not offer direct safety measures such as enabling the child to alert staff when help is needed.*

---

**51.**

A 7-year-old child with asthma and his parents are at a follow-up appointment. The nurse notes the child demonstrates incorrect use of his inhaler. What should the nurse do first to assess the family's understanding of the asthma management plan?

**Demonstrate proper inhaler technique and ask the child and parents to demonstrate back**

Print an instruction handout for the parents

Suggest they watch online videos on asthma management at home

Schedule a follow-up appointment to review asthma management

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*Correct answer: Demonstrate proper inhaler technique and ask the child and parents to demonstrate back*

*Demonstrating proper inhaler technique and then asking the child and parents to demonstrate it back ensures they understand how to use the inhaler correctly. This interactive approach helps correct any misuse and confirms their ability to manage asthma effectively.*

*Simply providing a handout is less engaging and may not ensure that the family understands or remembers the correct technique. Suggesting they watch videos is passive and does not allow for real-time feedback and correction of technique. Scheduling a follow-up without addressing the immediate issue of incorrect inhaler use does not ensure that the family will use the inhaler correctly in the interim.*

---

**52.**

A 6-month-old infant is brought to the clinic for a routine check-up. Which of the following findings would be a cause for concern?

**No babbling or making sounds**

Weight at the 20th percentile for age

Crying several times each day

Interested in grabbing objects and bring to their mouth

---

*Correct answer: No babbling or making sounds*

*By 6 months, infants are expected to start making sounds and babbling as a part of normal speech and language development. The absence of these sounds can indicate developmental delays in communication.*

*Being in the 20th percentile for weight is within the normal range for infants. Percentile rankings from 5th to 95th are considered typical, reflecting variations in normal growth patterns. It is normal for infants to cry several times each day, as crying is a primary form of communication for them, indicating needs such as hunger, discomfort, or the need for sleep. An interest in grabbing objects and bringing them to their mouth is typical of sensory and motor development at this age, reflecting normal exploratory behaviors and hand-mouth coordination.*

---

**53.**

During a routine pediatric assessment, a nurse evaluates a 2-year-old's ambulation. Which observation best indicates typical developmental progress in walking?

**The child walks independently without support**

The child cruises, ambulating quickly between points

The child is able to sprint for short periods without wobbling

The child enjoys games that include running

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*Correct answer: The child walks independently without support*

*A typical milestone for a 2-year-old includes the ability to walk independently without support, which signifies proper motor development and balance. This skill reflects normal growth in physical coordination and muscle strength at this age.*

*Cruising or moving quickly between points while holding onto objects is a developmental stage expected around 9 to 12 months, making it an late skill for a 2-year-old who should already be walking independently. Sprinting without wobbling generally develops later in childhood. A 2-year-old is expected to walk independently but may not have the coordination and muscle development necessary for sprinting. While enjoying games that include running indicates good social and developmental progress, it doesn't specifically demonstrate the fundamental skill of walking independently.*

---

**54.**

A nurse is performing a routine assessment on a 4-week-old infant. Which approach is most appropriate for assessing the Moro reflex?

**Observing the infant's response to a loud noise**

Checking the infant's ability to track a moving object

Assessing the infant's head movement when stroking their cheek

Observing the infant's response to having the bottom of their foot stroked in an up and inward motion

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*Correct answer: Observing the infant's response to a loud noise*

*The Moro reflex, a startle reflex in newborns, is appropriately assessed by observing the infant's reaction to a loud noise that triggers an instinctive response. The Moro reflex may also be assessed by safely allowing the newborn's head to fall back.*

*Tracking a moving object tests visual and cognitive development but is not related to assessing the Moro reflex, which is purely a response to sudden stimuli. Assessing head movement when stroking the cheek is related to the rooting reflex, not the Moro reflex, which involves a different set of reactions and stimuli. Observing the response to having the foot stroked is part of assessing other reflexes such as the Babinski reflex, not the Moro reflex.*

---

**55.**

During a routine visit, the nurse is gathering health history information for an 8-year-old patient. Which of the following questions is most important to identify familial risk factors for chronic diseases?

**"Has anyone in her family suffered from chronic illnesses?"**

"What hobbies does her family enjoy doing together?"

"Are both of her parents still alive?"

"What is the highest level of education completed by her parents?"

---

*Correct answer: "Has anyone in her family suffered from chronic illnesses?"*

*Inquiring about a family history of chronic illnesses is essential to identify genetic or environmental risk factors that could affect the child. This question helps the nurse understand if there is a predisposition to certain conditions that could also impact the child.*

*Knowing what hobbies the family enjoys can give insights into their lifestyle but does not directly relate to identifying familial risk factors for chronic diseases like asking about the history of these conditions directly would. While the status of the parents can be relevant in a broader psychosocial assessment, it does not specifically aid in identifying familial risk factors for chronic diseases. The educational level of the parents, while important for socioeconomic context, does not directly relate to identifying familial chronic disease risks.*

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**56.**

A pediatric nurse is assessing the vision of a school-aged child during a routine visit. Which assessment tool is most appropriate for this age group?

**Snellen chart**

Red reflex examination

Cover test

Pupillary light reflex

*Correct answer: Snellen chart*

*The Snellen chart is specifically designed to assess visual acuity in older children and adults, making it suitable for a school-aged child who can recognize and verbalize letters or symbols.*

*The red reflex examination is primarily used in infants to detect abnormalities in the lens or retina but is less useful in older children for assessing visual acuity. The cover test is used to examine for strabismus or binocular vision issues but does not measure visual acuity. The pupillary light reflex assesses the basic neurological function of the eye reacting to light but does not provide information on the clarity of vision or visual acuity.*

---

**57.**

A nurse is caring for a 5-year-old whose parents are going through a contentious divorce. The child has become increasingly withdrawn in school. What should be the nurse's initial step in managing this situation?

**Discussing behavioral strategies with the school counselor**

Recommending psychiatric evaluation

Ignoring the behavior as typical childhood adjustment in these circumstance

Advising the parents to keep their disputes private

---

*Correct answer: Discussing behavioral strategies with the school counselor*

*Collaborating with a school counselor to discuss behavioral strategies can provide support tailored to the child's educational environment, helping manage behaviors effectively within the context where they are observed.*

*Recommending a psychiatric evaluation as an initial step may be premature without first implementing supportive strategies that address the child's behavior in a familiar setting. Ignoring the behavior risks neglecting potential psychological distress and can exacerbate issues rather than supporting the child during a critical period of emotional adjustment. Advising parents to keep disputes private is important, but as a nurse, the immediate focus should be on strategies that directly support the child's well-being in their daily environment.*

---

**58.**

A pediatric nurse visits a family home to assess a newborn's environment. What should be the nurse's primary focus to ensure infant safety?

**The presence of a working smoke detector in the home**

Which story the nursery is on

The temperature in the nursery

The type of pet owned by the newborn's parents

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*Correct answer: The presence of a working smoke detector in the home*

*Ensuring the presence of a working smoke detector is crucial as it provides a basic and necessary safety measure to alert the family in case of fire, which is especially important for the safety of a non-mobile infant.*

*The floor on which the nursery is located does not directly impact immediate safety concerns like fire, choking, or suffocation hazards, which are more critical for infants. While the nursery temperature is important for comfort, it does not represent an immediate safety threat that could be life-threatening. The type of pet in the home, while important for overall safety assessments, does not provide immediate life-saving measures.*

---

**59.**

A child with cerebral palsy uses a wheelchair and is about to start school. The nurse notes the parents are anxious about the child's social interactions. What is the most appropriate way for the nurse to assess the family's adjustment?

**Encourage the parents to discuss their main concerns about the patient starting school**

Instruct the parents to visit the school and meet with the staff without the child

Suggest that the parents read literature on cerebral palsy to better understand the condition

Recommend enrolling the child in online classes to avoid unnecessary stress

---

*Correct answer: Encourage the parents to discuss their main concerns about the patient starting school*

*Discussing their concerns provides insight into specific fears or misunderstandings the parents may have about social interactions and other school-related issues. This allows for targeted advice and reassurance to help them prepare and support their child adequately.*

*Visiting the school without the child misses an opportunity to see how the child interacts in that environment and may not address the parents' immediate anxieties. Reading about cerebral palsy may provide general knowledge but does not address specific anxieties about social interactions or practical issues of starting school. Recommending online classes may unnecessarily isolate the child and does not encourage integration or address the parents' concerns about social interactions in a normal school environment.*

---

**60.**

During an assessment of a healthcare setting for a 13-year-old with significant hearing impairment, the nurse should prioritize which factor?

**The availability of sign language interpreters**

The signage used in the healthcare setting

The educational background of healthcare staff

The presence of visual alert systems

---

*Correct answer: The availability of sign language interpreters*

*Ensuring effective communication is critical in a healthcare setting, especially for patients with significant hearing impairments. Sign language interpreters facilitate accurate and complete communication between healthcare providers and the patient.*

*While signage is important, it is not the most critical factor when considering communication needs directly between healthcare providers and a hearing-impaired patient. Signage aids in navigation but does not facilitate interactive communication. The educational background of the healthcare staff is less relevant to the immediate communication needs of a hearing-impaired patient. Visual alert systems are important for emergency information but are not as crucial as sign language interpreters for routine and direct communication in a healthcare setting.*

---

**61.**

A child with asthma is having difficulty maintaining control over symptoms. The nurse suspects non-adherence to the prescribed inhaler use. What should the nurse assess first?

**The family's understanding of asthma and its management**

The child's feelings about using the inhaler

The possibility of prescribing a different medication

The child's opinion on alternative asthma treatments

---

*Correct answer: The family's understanding of asthma and its management*

*Assessing the family's understanding of asthma and its management is essential to identify knowledge gaps that might contribute to non-adherence. This assessment helps in providing targeted education and support to improve symptom control.*

*The child's feelings about using the inhaler, while important, do not provide a complete picture of why asthma management might be failing. Considering a different medication before assessing adherence and understanding of the current regimen may lead to inappropriate treatment adjustments. Discussing alternative treatments does not address the immediate need to understand and correct the current inhaler use issues.*

---

**62.**

During a postoperative assessment of a 7-year-old, the nurse needs to evaluate the effectiveness of the administered analgesics. Which pain assessment method is most suitable?

**Use the Oucher pain scale**

Ask the child to rate pain on a scale from 0 to 10

Use a color-coded pain-intensity scale

Observe the child for physiological signs of pain

---

*Correct answer: Use the Oucher pain scale*

*The Oucher pain scale includes photographic scales appropriate for children, allowing them to compare their pain with pictures of other children showing different levels of pain, which is suitable for a 7-year-old's cognitive and emotional development.*

*Asking a child to rate pain on a scale from 0 to 10 might not be fully effective for a 7-year-old, as their understanding of numerical values in this context can still be developing. A color-coded pain intensity scale, while visually engaging, might not provide the specific nuance needed to assess pain accurately in a child who can better relate to more descriptive or representational methods like photographs. Observing for physiological signs of pain, while important, should not be the primary method as it may not capture the subjective experience of pain that the child feels.*

---

**63.**

A 3-year-old child recently diagnosed with type 1 diabetes comes in for a follow-up. The nurse observes the parents struggling to keep track of glucose readings and insulin doses. What should the nurse do first to support the family's adjustment?

**Offer a demonstration on how to use a logbook for tracking diabetes management**

Recommend that they use a digital app to manage the child's medical records

Suggest less frequent glucose monitoring to reduce stress

Advise the parents to see a counselor to manage their stress

---

*Correct answer: Offer a demonstration on how to use a logbook for tracking diabetes management*

*Demonstrating how to use a logbook ensures that the parents understand how to accurately track glucose readings and insulin doses, which is critical for effective diabetes management. This addresses their immediate need for organization in tracking their child's medical needs.*

*While a digital app could be useful, starting with basic tools like a logbook may be more accessible and immediately practical. Additionally, demonstrating how to use a tool like a logbook is more supportive than suggesting a tool like an app and not offering support. Suggesting less frequent monitoring could lead to poor diabetes management and is not a safe recommendation for a child with newly diagnosed diabetes. Counseling might help with stress management, but it does not address the practical need to organize and manage diabetes care effectively.*

---



**64.**

A 2-month-old infant with a congenital heart defect is under observation. Which observation indicates a possible deterioration in the infant's condition that requires prompt attention?

**Episodes of bradycardia**

Sleeping for longer stretches at night

Weight gain of 100 grams over the past week

Consumption of 80% or less of offered formula

*Correct answer: Episodes of bradycardia*

*Episodes of bradycardia in an infant, especially in one with a congenital heart defect, can indicate a deterioration in cardiac function. This finding requires immediate evaluation and possible intervention to prevent further complications.*

*Sleeping for longer stretches at night could be normal or due to various benign reasons and does not necessarily indicate a deterioration that requires prompt attention. Weight gain is generally a positive sign indicating adequate nutrition and growth, not a sign of deterioration in a cardiac condition. While consuming less formula could be concerning for nutritional intake, it does not directly indicate a cardiac deterioration as critically or urgently as episodes of bradycardia.*

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**65.**

A 5-year-old child comes to the clinic for a check-up. The nurse wants to assess the child's self-care abilities. Which question is most appropriate to gauge the child's ability to dress independently?

**"Can your child button their shirt or use a zipper?"**

"What is your child's favorite item of clothing?"

"Is your child able to put on their socks?"

"Does your child's clothing typically match well if they pick it out themselves?"

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*Correct answer: "Can your child button their shirt or use a zipper?"*

*Asking if a child can button their shirt or use a zipper effectively gauges self-care abilities as these tasks require fine motor skills and independence, reflecting the child's capability to manage complex dressing tasks.*

*Inquiring about the child's favorite clothing does not assess self-care abilities, as it pertains more to preferences than to skills. While putting on socks is a relevant skill, it is less complex than using a zipper or buttoning a shirt and does not fully assess the child's proficiency in dressing independently. Whether a child's clothing matches if they pick it out themselves assesses a sense of style rather than the physical ability to dress independently and does not directly measure self-care skills in dressing.*

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**66.**

A 10-month-old infant presents with signs of ear infection and appears to be in discomfort. Considering the child's age and developmental stage, which assessment tool should the nurse use to evaluate the infant's pain?

**FLACC scale**

Wong-Baker FACES Pain Rating Scale

Numeric pain scale

Verbal analog scale

*Correct answer: FLACC scale*

*The FLACC scale is appropriate for infants and young children and stands for Face, Legs, Activity, Cry, and Consolability. This tool is used to assess pain based on behaviors that are observable in this age group, such as facial expression, leg movement, and crying.*

*The Wong-Baker FACES Pain Rating Scale uses facial expressions to indicate pain. It is typically used with older children who can select a face that best describes their pain, an approach that may not be suitable for a 10-month-old. A numeric pain scale requires verbal communication and an understanding of numbers, which a 10-month-old does not possess, making it inappropriate for this age group. A verbal analog scale is not suitable for infants as it requires them to express their pain level verbally.*

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**67.**

A nurse observes that a child consistently has bruises in various stages of healing. During interactions, the parents frequently contradict each other about the child's medical and accident history. What should be the nurse's primary focus in this scenario?

**Potential signs of non-accidental injury**

Lack of immunization records

Parents' marital conflict

Child's level of physical activity

*Correct answer: Potential signs of non-accidental injury*

*The presence of bruises in various stages of healing, combined with contradictory parental accounts, strongly suggests non-accidental injuries. This is a critical concern that necessitates immediate investigation to ensure the child's safety.*

*Lack of immunization records is a concern for general health but does not address the immediate risk of harm indicated by physical signs of potential abuse. Parental conflict is a significant issue but does not take precedence over investigating signs that may indicate physical abuse. The child's level of physical activity might be related to some injuries but does not account for the pattern and varied healing stages of bruises, nor does it explain the contradictions in parental reports.*

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**68.**

A nurse is evaluating the developmental milestones of a 15-month-old toddler. Which of the following would be the most appropriate question to ask the parents?

**"Can your child stack three blocks on top of each other?"**

"Is your child able to write their name?"

"How many hours does your child sleep during the night?"

"Does your child eat any solid foods?"

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*Correct answer: "Can your child stack three blocks on top of each other?"*

*Asking if a 15-month-old can stack three blocks assesses fine motor skills and cognitive development appropriate for their age, providing insight into developmental milestones.*

*Writing their name is a skill expected at a much older age and is not likely to be relevant for assessing a 15-month-old's development. While the length of sleep is important, it does not specifically assess developmental milestones. Questions relating to sleep patterns, such as nap time, the duration of the longest stretch of sleep, and similar questions could be more appropriate; however, block-stacking more directly and empirically assesses the child's motor function. Eating solid foods is typical by 15 months but does not specifically gauge developmental progress like stacking blocks does.*

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**69.**

During an examination of a child newly diagnosed with type 1 diabetes, the nurse observes the parents mixing insulin types. What is the best approach to assess their understanding of the insulin regimen?

**Ask the parents to explain how and when they administer each type of insulin**

Correct the mistake, using as much detail as possible, and then ask if they understand

Schedule a session with a diabetes educator to assess their understanding

Ask if they feel like they have the right informational resources at home

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*Correct answer: Ask the parents to explain how and when they administer each type of insulin*

*Asking the parents to explain their method and timing for administering insulin directly assesses their understanding and identifies any gaps in knowledge. This approach allows the nurse to provide specific guidance and corrections based on their responses.*

*Merely correcting the mistake without understanding their full routine and rationale may not ensure comprehension or correct future errors. While a diabetes educator can be helpful, directly assessing their current understanding first is essential for tailored education. Diabetes education is the role of the nurse, not just the role of the diabetes educator. Asking if they feel they have the right resources does not assess their practical understanding or correct application of those resources.*

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**70.**

In a routine pediatric visit, the nurse is assessing a 6-month-old baby. Which of the following milestones is most essential for the nurse to inquire about?

**If the baby responds to their name**

The baby's ability to sit without support

The baby's ability to pull to stand

The baby's ability to recognize color

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*Correct answer: If the baby responds to their name*

*Responding to their name is a critical developmental indicator at 6 months, reflecting auditory and cognitive development. This is an expected milestone that should be assessed at this age.*

*Sitting without support is a milestone typically expected closer to 9 months, not at 6 months. This makes it less relevant for a routine assessment at this age. Pulling to stand is a motor skill usually seen closer to 9-12 months, which is too advanced for a 6-month-old to be expected to perform. Recognizing colors is a skill that develops much later, typically well into toddlerhood.*

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**71.**

A nurse is monitoring a 3-year-old who has been admitted with dehydration. What sign would be most indicative of a need for immediate intervention?

**Decreased urine output**

Dry skin

Acting out

Desire for more fluids

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*Correct answer: Decreased urine output*

*A decrease in urine output is a critical indicator of worsening dehydration, reflecting inadequate kidney perfusion and necessitating immediate intervention to prevent further complications.*

*Dry skin is a sign of dehydration but less immediate or specific than changes in urine output, which more directly reflects the acute status of fluid balance and renal function. Acting out can be caused by many factors and does not specifically indicate the severity of dehydration or the need for urgent medical intervention. A desire for more fluids, while potentially indicative of dehydration, is a less specific and immediate concern compared to a decrease in urine output, which can signal critical changes in hydration status.*

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**72.**

A pediatric nurse is planning discharge education for a child recovering from a minor surgical procedure. The family speaks limited English. How should the nurse handle the situation to ensure their understanding of care instructions?

**Find and use a medical translator, even if it delays the discharge**

Provide the available written instructions in English and encourage them to find someone to translate

Use simple English and visual aids to explain care procedures

Skip detailed explanations to avoid confusion

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*Correct answer: Find and use a medical translator, even if it delays the discharge*

*Using a medical translator ensures that the family fully understands the care instructions, which is crucial for the child's recovery and safety post-discharge. It addresses language barriers effectively, preventing misunderstandings about medication dosages or care procedures.*

*Providing instructions in English does not ensure understanding, and relying on the family to find a translator may lead to inaccuracies or delays in care. Using simple English and visual aids might help but does not guarantee full comprehension due to language barriers; a medical translator is more reliable for accurate communication. Skipping details to avoid confusion can lead to serious misunderstandings about care requirements, potentially endangering the child's health.*

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**73.**

A child from a family that does not celebrate birthdays due to their cultural beliefs is in a pediatric hospital where staff usually organize small birthday parties for patients. How should the nursing staff proceed?

**Consult with the family before planning any celebration**

Organize the party to avoid having the patient feel left out

Don't celebrate the patient's birthday to avoid offending them or their family's beliefs

Celebrate the birthday with staff only

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*Correct answer: Consult with the family before planning any celebration*

*Consulting with the family honors their cultural beliefs and ensures that any hospital activities related to personal celebrations are aligned with their preferences, showing respect for their values and potentially avoiding discomfort or offense.*

*Organizing the party without consulting the family could inadvertently disrespect their cultural beliefs, potentially leading to discomfort or alienation. Not celebrating at all without consultation assumes disapproval and could miss an opportunity for an adapted acknowledgment that respects their beliefs. Celebrating with staff only avoids direct conflict but does not address the family's needs or beliefs, potentially making the child feel excluded from hospital community activities.*

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**74.**

A pediatric nurse is assessing a 10-year-old girl who has been displaced multiple times due to socioeconomic instability and is now living in a temporary shelter. Which aspect is most critical to evaluate for its potential impact on her physical and mental health?

**Her current access to healthcare services**

The time that she spends with her parents

The number of schools she has attended over the past year

Her interest in joining social clubs at school

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*Correct answer: Her current access to healthcare services*

*Evaluating her access to healthcare services is critical as disruptions in medical care can affect both her physical and mental health, particularly for a child facing socioeconomic instability and lacking consistent medical support.*

*The amount of time spent with parents, while important for emotional support, does not directly address the immediate physical and mental health needs that can be impacted by inconsistent healthcare access. The number of schools attended affects educational continuity but is less critical than ensuring access to necessary healthcare services in managing immediate health concerns. Her interest in joining social clubs is part of social development but secondary to the essential need for consistent healthcare access.*

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**75.**

A pediatric nurse is caring for a child whose family adheres to a vegan diet due to their religious beliefs. What should the nurse prioritize when planning nutritional interventions?

**Consult a dietitian to ensure the child's diet meets nutritional needs**

Recommend a pediatric dietary supplement

Provide general dietary guidelines and leave the parents to decide

Encourage the family to modify the diet for their children until their children are adults

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*Correct answer: Consult a dietitian to ensure the child's diet meets nutritional needs*

*Consulting a dietitian ensures that the child's vegan diet is balanced and meets all nutritional requirements, which is critical in preventing deficiencies, particularly in nutrients that may be less abundant in vegan diets, such as vitamin B12.*

*Recommending a dietary supplement is a potential intervention, but it does not address the comprehensive assessment of the child's dietary needs like consulting with a dietitian would. Providing general dietary guidelines leaves significant room for nutritional gaps; professional consultation is necessary to tailor dietary advice to the child's specific health needs and dietary restrictions. Encouraging the family to modify their religious or ethical dietary practices is unnecessary and insensitive; the focus should be on adapting the child's current diet to meet nutritional needs.*

---

**76.**

A pediatric nurse notices that a 12-year-old patient frequently discusses topics related to adult responsibilities at home, such as caring for younger siblings and managing household chores. The child seems tired and stressed. What should the nurse explore next?

**Parental employment status and household composition**

The child's academic performance and school activities

The child's social circle and extracurricular activities

Familial nutritional habits and physical health

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*Correct answer: Parental employment status and household composition*

*Understanding parental employment and household composition helps assess potential stressors like financial difficulties or lack of supervision that contribute to the child's responsibilities and stress. It provides insight into whether adult responsibilities are falling on the child due to necessity.*

*Academic performance is secondary to understanding the burden of responsibilities that might be affecting the child's well-being. Social circle and extracurricular activities are less immediately relevant to understanding the impact and reason for the child engaging in adult-like responsibilities at home. While nutrition and health are important, they are not directly related to the issue of why the child is overburdened with adult responsibilities.*

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77.

During a routine check-up, a 7-year-old patient exhibits several bruises in different stages of healing. The child mentions they are from "playing" but struggles to explain further. Which step should the nurse take next?

**Document the injuries and ask the child about each bruise**

Advise the parents to monitor the child's playtime more closely

Provide a warning to the parents about child safety and their parental responsibilities

Provide the child with educational materials on safe play practices

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*Correct answer: Document the injuries and ask the child about each bruise*

*Documenting the injuries provides a factual basis for further investigation and helps monitor patterns that may indicate abuse. Asking the child allows the nurse to hear the explanation directly, which can be assessed for consistency and plausibility.*

*Monitoring playtime does not address the immediate need to understand the cause of the current bruises and assumes that they are not caused by abuse. Providing a general warning is not a substitute for assessing the circumstances around the injuries. While educational materials are helpful, they do not address the need to assess the cause of the current injuries and whether they result from possible abuse.*

---

**78.**

An 8-year-old presents with recurrent abdominal pain with no apparent physical cause. The nurse learns their parents recently divorced, and the child has moved schools twice this year. What should the nurse assess?

**Emotional stress or anxiety levels**

Potential food allergies or intolerances

Frequency of physical exercise

Sleep patterns and bedtime routines

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*Correct answer: Emotional stress or anxiety levels*

*Assessing emotional stress or anxiety provides direct insight into how the child's recent life changes are affecting their mental health, which could be a potential cause of their abdominal pain. This assessment helps tailor interventions that address the root cause of symptoms.*

*While food allergies or intolerances are potential causes of abdominal pain, the recent significant life changes make psychological factors more likely. Physical exercise is generally good for health but less likely to be directly related to recurrent abdominal pain in the context of recent stressful life changes. Sleep patterns are important but secondary in the context of recent significant life changes.*

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**79.**

A 12-year-old who has had type 1 diabetes for three years appears resigned and uninterested during education sessions about managing diabetes. The parents are proactive about their child's diet and medication but seem frustrated with his lack of involvement. How should the nurse proceed to assess the situation?

**Ask the child privately about his feelings toward his condition and self-care**

Encourage the parents to manage the condition more strictly

Suggest the child participate in a diabetes camp for youth to encourage involvement

Recommend that the parents relax their supervision to promote independence

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*Correct answer: Ask the child privately about his feelings toward his condition and self-care*

*Asking the child privately about his feelings allows for an open, confidential dialogue about his resignation and disinterest, which is crucial for understanding his perspective and mental state. This can reveal underlying issues such as depression or burnout related to diabetes management.*

*Encouraging stricter management by the parents does not address the child's personal feelings or engagement with his condition, which might worsen his resignation. While diabetes camps can be beneficial, understanding the child's current feelings and reluctance is crucial before suggesting additional activities. Recommending that parents relax their supervision without understanding the child's feelings and readiness for independence could lead to inadequate management of his condition.*

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**80.**

In a family consultation, a nurse finds that the grandparents, who are the primary caregivers, express concern about their ability to meet the care demands of a child with special needs. What should the nurse assess first?

**The availability of extended family support**

The child's relationship with their peers

The financial stability of the grandparents

The grandparents' ability to drive safely

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*Correct answer: The availability of extended family support*

*Given the grandparents' expressed concern about keeping up with the care demands, assessing the availability of extended family support is critical. This can provide additional help and relief, enabling the grandparents to better manage the daily care requirements and potentially reduce stress and physical strain.*

*While the child's relationship with their peers is important for social development, it does not address the immediate practical concerns of caregiving capacity that the grandparents have raised. The financial stability of the grandparents is important for ensuring that all necessary resources for care are available. However, knowing if there is extended family support directly affects their ability to meet daily care demands and should be prioritized. The grandparents' ability to drive safely, while important for ensuring safe transportation, does not address the broader scope of caregiving challenges mentioned.*

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**81.**

A pediatric nurse is evaluating a 12-year-old child who appears underweight. Besides physical measurements, which assessment would be most informative to assess nutritional risks?

**Frequency of consuming fruits and vegetables**

Daily physical activity level

Number of siblings

Preferred leisure activities

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*Correct answer: Frequency of consuming fruits and vegetables*

*Assessing the frequency of consuming fruits and vegetables gives insights into dietary habits that are crucial for understanding nutritional risks, particularly in underweight children, as these foods are important for proper nutrition and health.*

*While daily physical activity level is important for overall health, it does not provide direct information about nutritional intake, which is more crucial for assessing the nutritional risks of an underweight child. The number of siblings does not provide direct information on an individual child's nutritional intake or health risks. Preferred leisure activities may indicate lifestyle but do not directly inform on nutritional intake or specific nutritional deficiencies, making them less relevant for a focused nutritional risk assessment.*

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**82.**

During a post-appendectomy check-up, a 14-year-old mentions feeling anxious and having trouble sleeping after stopping prescribed medications used post-surgery. What should the nurse consider as a potential cause?

**Withdrawal symptoms**

Insufficient pain management

Post-surgical anxiety

Sepsis

*Correct answer: Withdrawal symptoms*

*Anxiety and sleep disturbances following the cessation of medications used in treatment, particularly opioids or sedatives, can indicate withdrawal symptoms, reflecting a physiological response to the sudden discontinuation.*

*Insufficient pain management typically leads to reports of pain rather than anxiety or sleep disturbances; these findings are more characteristic of withdrawal effects. Post-surgical anxiety is possible but would typically manifest more broadly with stress related to the surgery itself rather than specific symptoms like those described, which align more closely with withdrawal. Sepsis is characterized by more acute and severe symptoms such as fever, increased heart rate, and possible confusion, not anxiety or sleep disturbances.*

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**83.**

An infant born at 37 weeks has increased muscle tone, irritability, and a high-pitched cry. These signs are most suggestive of which condition?

**Prenatal drug exposure withdrawal**

Colic

Congenital hypothyroidism

Neonatal sepsis

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*Correct answer: Prenatal drug exposure withdrawal*

*Increased muscle tone, irritability, and a high-pitched cry are characteristic signs of neonatal withdrawal syndrome. These symptoms are often seen in infants exposed to drugs in utero, indicating a response to the sudden cessation of exposure post-birth.*

*Colic typically presents with episodes of crying and fussiness but does not usually include increased muscle tone or the specific high-pitched cry associated with withdrawal symptoms. Congenital hypothyroidism may cause other symptoms such as jaundice, feeding difficulties, and hypotonia but not the acute distress and specific cry seen in drug withdrawal. While neonatal sepsis can cause irritability and high-pitched crying, the specific combination with increased muscle tone is more indicative of withdrawal symptoms rather than an infectious process.*

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**84.**

A pediatric nurse is caring for a child who recently started antibiotics for a bacterial infection. Which trend in the following vital signs should alert the nurse to a potential deterioration in the child's condition?

**Increasing respiratory rate**

Gradual reduction in temperature

Fluctuating heart rate

Slight fluctuations in blood pressure

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*Correct answer: Increasing respiratory rate*

*An increasing respiratory rate can indicate an exacerbation of infection or a compensatory mechanism in response to systemic infection, signaling a potential deterioration that requires prompt attention.*

*A gradual reduction in temperature may indicate recovery from infection rather than deterioration, and it does not directly suggest an immediate worsening of the child's condition. Fluctuating heart rates can be normal in children and are not as specific an indicator of deterioration as an increased respiratory rate in the context of infection. Slight fluctuations in blood pressure are less specific and could be normal variations; they do not directly indicate a worsening of an infection like an increasing respiratory rate.*

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**85.**

An 8-year-old with a recent diagnosis of juvenile arthritis appears withdrawn and uninterested in previously enjoyed activities. What should the nurse assess to evaluate the child's and family's adjustment to the condition?

**Discuss how the child's mood and interest levels have changed since the diagnosis**

Check whether the child is attending regular medical appointments

Refer the child to a psychiatrist for treatment of depression

Ask the parents how frequently they talk to their child about his diagnosis

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*Correct answer: Discuss how the child's mood and interest levels have changed since the diagnosis*

*Discussing the child's mood and interest changes directly assesses the emotional and psychological impact of juvenile arthritis on the child, providing critical information on his adjustment to the diagnosis. This helps in identifying if the child is experiencing depression or loss of enjoyment in usual activities, which are important aspects of holistic care.*

*Checking whether the child attends medical appointments, while important, does not provide direct insight into his emotional or psychological state or family adjustment. Referring immediately to a psychiatrist might be premature without first understanding the emotional and psychological nuances of the child's and family's adjustment to the condition. With this intervention, the nurse avoids their responsibility by passing it on to another clinician unnecessarily. While parental communication is crucial, asking how frequently they discuss the diagnosis does not directly assess the child's current emotional or psychological state.*

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**86.**

A 15-year-old girl presents for a sports physical. While reviewing her history, you notice a pattern of frequent minor injuries and several episodes of dizziness. Which action is most appropriate to assess for risk-taking behaviors?

**Explore her use of substances like alcohol or drugs**

Ask about participation in extreme sports

Inquire about diet and exercise habits

Perform a neurological assessment

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*Correct answer: Explore her use of substances like alcohol or drugs*

*Exploring substance use is crucial as it can directly contribute to frequent injuries and episodes of dizziness through impaired judgment and coordination, highlighting potential high-risk behaviors.*

*Asking about participation in extreme sports does not directly address the pattern of frequent injuries and episodes of dizziness, which could be linked to substance use. While diet and exercise habits are important, they do not directly assess risky behaviors that could explain frequent injuries and dizziness. A neurological assessment could be important for this patient but does not assess risk-taking behaviors.*

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**87.**

A nurse is discussing a treatment plan with the family of a child who has eczema. The nurse notices the family has not followed previous advice on skin care routines. To address the family's understanding of the treatment, what should the nurse do?

**Ask them to describe how they will implement the skin care routine at home**

Ask for a prescription for a stronger medication to maximize impact when used

Send them home with written information on eczema management

Express disappointment about their non-compliance and heavily emphasize its importance

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*Correct answer: Ask them to describe how they will implement the skin care routine at home*

*Asking the family to describe their implementation strategy helps assess their understanding and commitment to the prescribed skin care routine. This dialogue can reveal any misconceptions or barriers they are facing in following through with medical advice.*

*Prescribing stronger medication without understanding their current compliance issues does not address the root cause of non-adherence and may lead to increased side effects. Providing written information alone does not ensure understanding or compliance and lacks interactive feedback. Expressing disappointment and emphasizing importance can create a negative tone that leads to defensiveness or a hostile environment, which is not conducive to learning or compliance.*

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**88.**

During a routine visit for a child with chronic kidney disease, the nurse needs to assess the family's understanding of dietary restrictions. What is the best approach?

**Ask open-ended questions about current dietary practices**

Tell them to ask questions whenever they don't understand something

Provide a detailed explanation on the relationship between kidney function and diet

Use the teach-back method to assess compliance with a low-potassium, high-sodium diet plan

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*Correct answer: Ask open-ended questions about current dietary practices*

*Asking open-ended questions about current dietary practices engages the family in a discussion about their daily routines, providing the nurse with insights into their understanding and application of dietary restrictions. This approach encourages the family to share more detailed information, which helps the nurse identify specific gaps in their knowledge or misunderstandings about the diet necessary for managing chronic kidney disease.*

*Telling them to ask questions whenever they don't understand something is passive and relies on the family to identify their knowledge gaps, which they may not always recognize. Providing a detailed explanation of the relationship between kidney function and diet, while educational, does not assess whether the family understands or follows the necessary dietary restrictions. The teach-back method is effective for confirming understanding; however, a high-sodium diet plan would be contraindicated in chronic kidney disease.*

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**89.**

You are the nurse assessing a 4-month-old at a routine visit. Which of the following would you expect as a normal developmental milestone?

**Rolling from stomach to back**

Sitting without support

Saying "mama" or "dada"

Pulling to stand

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*Correct answer: Rolling from stomach to back*

*Rolling from stomach to back is a milestone typically achieved by 4 months old, marking an important stage in physical development and motor skills.*

*Sitting without support is generally expected around 6 months of age. At 4 months, infants usually do not yet have the postural control or muscle strength for this task. Saying "mama" or "dada" specifically and meaningfully is usually not expected until closer to 10 months or later when infants begin to understand and use basic words associated with familiar people. Pulling to stand typically occurs closer to 9 months when infants develop stronger muscle coordination and strength in their legs and arms.*

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**90.**

A 5-year-old child newly diagnosed with asthma is being prepared for discharge. The nurse notices the parents are anxious about managing asthma at home. What should the nurse prioritize during discharge education?

**Demonstrating the use of inhalers and explaining the signs of an asthma attack**

Discussing the child's understanding of asthma and the science behind it

Recommending local asthma support groups to facilitate emotional adjustments

Advising on how to avoid triggers and reduce situations requiring strenuous exercise

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*Correct answer: Demonstrating the use of inhalers and explaining the signs of an asthma attack*

*Demonstrating the use of inhalers and explaining the signs of an asthma attack are critical to ensure that the parents can effectively manage asthma at home. This hands-on approach helps reduce anxiety by increasing confidence in their ability to respond to asthma symptoms.*

*Discussing the scientific details of asthma might be overwhelming and is less immediately practical for managing day-to-day care. While support groups can be helpful, they do not replace the need for practical training in managing asthma symptoms and inhaler use. Advising on trigger avoidance is important, but the priority is ensuring they know how to use the inhaler correctly and recognize an asthma attack, which are immediate safety concerns.*

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**91.**

A 16-year-old patient presents with mood swings. Which of these symptoms, if also present, should prompt the nurse to further assess for possible substance use?

**Sudden weight loss**

Frequent nosebleeds

Increased appetite

Frequent headaches

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*Correct answer: Sudden weight loss*

*Sudden weight loss combined with mood swings can be a strong indicator of substance use, potentially resulting from stimulant abuse or other substances that suppress appetite or disrupt metabolic processes.*

*Frequent nosebleeds can have various causes, including environmental factors or physical conditions, and are less directly linked to substance use than weight changes. An increased appetite could be associated with other health issues or normal growth spurts and does not directly suggest substance use, which is often more closely associated with appetite suppression. Frequent headaches, while concerning, can be attributed to numerous causes and are not specifically indicative of substance use without more direct symptoms.*

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92.

A nurse is planning discharge for a young child post-appendectomy. Which of the following is crucial to include in the education plan for the child's family?

**How to recognize a pain exacerbation**

Information on steroid therapy

Strategies for improving sleep hygiene

Information on how to recover after general anesthesia

*Correct answer: How to recognize a pain exacerbation*

*Teaching how to recognize a pain exacerbation is crucial as it directly impacts the child's comfort and recovery post-surgery. This knowledge empowers the family to manage pain effectively and understand when to seek further medical attention.*

*While information on steroid therapy is important if steroids were prescribed, it does not directly address the immediate concerns post-appendectomy such as managing pain. Improving sleep hygiene, while potentially beneficial for overall recovery, is secondary to managing pain effectively. This is especially true given that inadequate pain management will significantly affect sleep patterns. Information on recovering from general anesthesia is generally not relevant, as the most important aspects of post-surgical recovery will be addressed prior to discharge.*

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# Health Promotion

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Health Promotion

93.

A 17-year-old female is assessed for readiness to transition to adult health care. The nurse discusses strategies to mitigate risk-taking behaviors. What is the most important topic to cover?

**Strategies for safe driving**

Choosing a future career path

Having routine mammograms

Selecting health insurance plans

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*Correct answer: Strategies for safe driving*

*Discussing strategies for safe driving is critical for a 17-year-old about to transition to more independence, as motor vehicle accidents are a leading cause of injury and death among teenagers. This topic directly addresses a common risk-taking behavior and provides practical skills for safety.*

*Choosing a future career path is important for overall development but does not directly address immediate safety concerns or risk-taking behaviors typical of teenagers. Routine mammograms are not typically relevant for a 17-year-old and do not relate to mitigating common risk-taking behaviors in this age group. While important for long-term health management, selecting health insurance plans does not address the immediate risks associated with typical teenage behaviors like unsafe driving.*

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**94.**

A pediatric nurse is providing guidance to parents on their child's recent diagnosis of anxiety disorder. Which approach should the nurse recommend for supporting their child?

**Maintain a consistent daily routine and seek professional counseling.**

Learn how to recognize signs of anxious behavior and discourage it.

Try to ignore the symptoms as much as possible so they can diminish on their own.

Increase family outings to distract from the anxiety and provide emotional support.

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*Correct answer: Maintain a consistent daily routine and seek professional counseling.*

*A consistent daily routine can provide structure and predictability, which can be comforting for a child with anxiety. Professional counseling can provide targeted strategies for managing anxiety effectively. This comprehensive approach supports both daily stability and long-term coping mechanisms.*

*Recognizing signs of anxious behavior and discouraging it does not provide support or understanding. This approach can make the child feel misunderstood or stigmatized and it may prevent them from expressing their feelings openly. Ignoring the symptoms can lead to a worsening of the anxiety and does not address the underlying issues. Increasing family outings might provide a temporary distraction but does not address the anxiety directly.*

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**95.**

Which recommendation should a pediatric nurse make for a child with constipation?

**Increase intake of high-fiber vegetables and fruits.**

Limit fluid intake to concentrate digestive juices.

Focus on high-protein, low-carbohydrate foods.

Increase consumption of processed foods for more fat.

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*Correct answer: Increase intake of high-fiber vegetables and fruits.*

*High-fiber vegetables and fruits help increase stool bulk and frequency, which can alleviate constipation. They also provide essential nutrients and promote a healthier digestive system.*

*Limiting fluid intake is counterproductive for treating constipation, as adequate hydration is crucial to help soften stool and promote regular bowel movements. Focusing solely on high-protein, low-carbohydrate foods can exacerbate constipation, as these foods are typically low in fiber, which is essential for bowel regularity. Increasing consumption of processed foods is detrimental since these often contain low levels of fiber and high levels of fats and sugars, which can worsen constipation.*

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**96.**

A 3-year-old is brought to the clinic for a routine checkup. What safety advice should the nurse provide regarding car travel?

**Use a rear-facing car seat until the child exceeds the height or weight limit for the seat.**

The child can use a seatbelt without a booster if they are tall for their age.

The child should sit in the front seat if there are no other passengers to avoid feeling isolated.

Transition to a booster as soon as the child turns 4.

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*Correct answer: Use a rear-facing car seat until the child exceeds the height or weight limit for the seat.*

*Keeping the child in a rear-facing car seat until they exceed the height or weight limit is recommended for safety, as it provides better protection for the child's head, neck, and spine in a crash.*

*Using only a seatbelt without a booster seat may not provide adequate safety for a child who is not tall enough or heavy enough according to safety standards. Children should sit in the back seat, as front seat placement poses higher risks in the event of an accident. The consideration of whether they feel isolated is secondary to safety concerns. Transitioning to a booster based solely on age without considering height or weight limits may compromise safety.*

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**97.**

What is the best advice a pediatric nurse can give to parents about bicycle safety for a 7-year-old?

**Ensure the child wears a properly fitted helmet every time they ride a bicycle.**

The child must never ride in the street.

Knee and elbow pads are sufficient protection for casual riding.

Bicycles with training wheels are always safer than regular bikes.

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*Correct answer: Ensure the child wears a properly fitted helmet every time they ride a bicycle.*

*Wearing a properly fitted helmet is essential for protecting a child's head during bicycle rides and is one of the most effective ways to reduce the risk of head injuries.*

*It is impractical to say a child must never ride on a street; rather, children should be taught safe riding practices and supervised as appropriate. While knee and elbow pads provide additional protection, they are not a substitute for a helmet, which protects the most critical and most at-risk part of the body in a fall. Training wheels are not inherently safer than regular bikes; the key safety measure is the use of helmets and appropriate supervision.*

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**98.**

A pediatric nurse is discussing the introduction of complementary foods with the parents of a 4-month-old. What is the most appropriate guidance?

**Wait until the infant is at least 6 months old to start solids.**

Start introducing pureed fruits and vegetables.

Focus solely on non-allergenic foods initially.

Offer cereals mixed with formula or breast milk.

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*Correct answer: Wait until the infant is at least 6 months old to start solids.*

*Waiting until at least 6 months allows the infant's digestive system to mature adequately, and the infant is more developmentally ready to handle solids. This guidance aligns with current health recommendations.*

*While introducing pureed foods is part of the process, starting at 4 months may be too early for some infants, potentially leading to feeding difficulties or gastrointestinal discomfort. Focusing solely on non-allergenic foods initially is unnecessary and can delay exposure to potential allergens, which recent studies suggest should be introduced early to prevent allergies. Although offering cereals mixed with formula or breast milk is an option, starting at 4 months may not provide any developmental advantage and could be premature for digestive readiness.*

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**99.**

A 15-year-old is struggling with the recent divorce of their parents. What intervention should the nurse suggest to promote emotional resilience?

**Encourage the teen to write a journal to express and process emotions**

Recommend the teen focus on the positive aspects of having two households

Suggest the teen should choose sides to build strong family bonds by unifying their focus

Advise the teen to spend time alone to reflect on the changes

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*Correct answer: Encourage the teen to write a journal to express and process emotions*

*Journaling allows the teen to express and process complex emotions related to their parents' divorce, facilitating emotional healing and self-reflection. This method provides a personal space for the teen to explore feelings and cope with changes, promoting emotional resilience and understanding.*

*Focusing only on the positive aspects of having two households can overlook the real and often painful adjustments a teen has to make. This can invalidate their feelings and hinder emotional processing. Suggesting the teen choose sides can create further emotional conflict and stress, exacerbating feelings of division and negatively impacting the teen's relationships with both parents. Spending time alone to reflect on changes can lead to isolation and may prevent the teen from receiving necessary support and guidance during a critical time.*

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