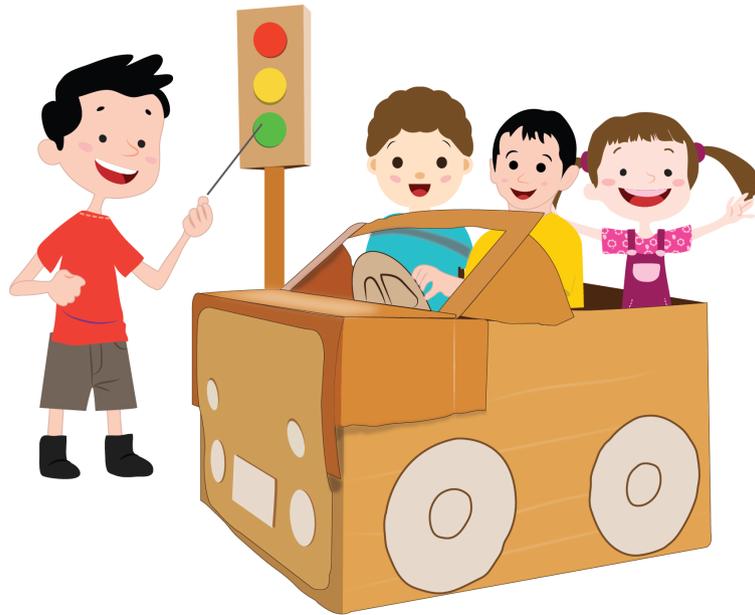




The NCLEX Tutor

KoaPine Tutoring & Test Prep



Pediatrics Webinar

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10

1. A mother brings her 15-month-old son to the clinic. During the nursing assessment, the mother makes the following comments. Which comment merits **further** investigation?

- 1. "My son cries at times when I leave him at his grandparents' house."
- 2. "My son always takes a blanket with him."
- 3. "My son is not crawling yet."
- 4. "My son likes to eat mashed potatoes."

2. A nurse is teaching the parents of a 6-month-old infant about normal growth and development. Which statements regarding infant development are true?

Select all that apply.

- ~~1.~~ A 6-month-old has difficulty holding objects.
- 2. A 6-month-old infant can usually roll prone to supine and supine to prone positions.
- 3. A teething ring is appropriate for a 6-month-old infant.
- ~~4.~~ Stranger anxiety usually peaks at 3 to 6 months.
- ~~5.~~ Head lag is commonly noted in infants at age 6 months.

3. A nurse is assessing a 10-month-old infant during a checkup. Which developmental milestones would the nurse expect the infant to display? **Select all that apply.**

1. Holding the head erect. - 2 months.
2. Starting to self-feed with a spoon. -
3. Demonstrating good bowel and bladder control.
4. Sitting on a firm surface without support.
5. Walking alone.

4. The nurse discusses the risk of aspiration with the parents of an 18-month-old. To minimize this risk, the nurse recommends the parents avoid giving their child which food items?

~~1.~~ Oranges, crackers, and applesauce

~~2.~~ Apples, fruit juice, and raisins

3. Cherries, peanuts, and hard candy

~~4.~~ Cheerios, toast and bananas

5. The nurse is teaching parents about foods for their child for the first year. Which foods, if mentioned by the parent, would indicate a need for **further** teaching?
Select all that apply.

1. honey

2. mashed vegetables

3. rice cereal

4. whole milk

5. hot dog slices

6. The nurse admitting four children to the hospital unit learns that none of the parents will be staying with the children. The nurse would be most concerned with adjustment to hospitalization and separation from parents in the infant or child of which age?

- ~~1. 2 months old~~
- 2. 13 months old
- ~~3. 8 years old~~
- ~~4. 14 years old~~

7. The nurse is caring for a 5-year-old child scheduled for surgery in the morning. While conducting preoperative teaching, the nurse would choose which aid to enhance the child's learning about the perioperative experience?

- ~~1. DVD~~
- ~~2. Colorful brochure~~
- 3. Doll or puppet
- ~~4. A visit from the surgeon~~

8. The grandparents of a 2 ½-year-old ask what would be an appropriate toy to buy their grandson. Which toy should the nurse recommend? **Select all that apply.**

- 1. A play telephone
- 2. A 54-piece puzzle
- 3. A paint-by-number set
- 4. A musical mobile
- 5. A small tricycle

12-20

9. The 8-year-old is having surgery later in the day.
Which is the **best** method of distraction for this child?

- ~~1.~~ Use the telephone to call friends
- 2. Watch television
- 3. Play a board game
- ~~4.~~ Read the pamphlet about the surgery

10. The mother of a 16-year-old tells the nurse that she is concerned because her child sleeps about 8 hours every night and until noon every weekend. Which nursing response is **most** appropriate?

- ~~1.~~ "The child should not be staying up so late at night."
2. "Adolescents need that amount of sleep every night."
- ~~3.~~ "If the child eats properly, that should not be happening."
- ~~4.~~ "The child probably is anemic and should eat more foods containing iron."

11. The nurse is working in a sexually transmitted infection (STI) clinic. A nursing student notes that the clinic population consists largely of teenagers. The nurse explains that adolescents are at a **greater** risk for contracting STIs because of which factor?

- ~~1.~~ The immune system of an adolescent is immature.
- ~~2.~~ Untreated urinary tract infections will develop into an STI.
- 3.** Adolescents are risk-takers and believe they are invincible.
- ~~4.~~ Adolescents often lack parental supervision.

18th - 3

12. The nurse in the pediatric unit is admitting a 2½-year-old child. Which stage in Erikson's psychosocial stages of development should the nurse plan care around?

- ~~1.~~ Trust versus Mistrust
- ~~2.~~ Initiative versus Guilt 3-6
- ~~3.~~ Industry versus Inferiority 6-12.
4. Autonomy versus Shame and Doubt

13. The parent of a 9-year-old child tells the clinic nurse that he is concerned about the child because the child seems to be more attentive to friends than anything else. Using Erikson's psychosocial development theory, the nurse should make which response?

- ~~1.~~ "You need to be concerned."
- ~~2.~~ "You need to monitor the child's behavior closely."
3. "At this age, the child is developing his own personality."
- ~~4.~~ "You need to provide more praise to the child to stop this behavior."

14. A healthy 2-month-old infant is being seen in the local clinic for a well-child checkup and initial immunizations .

R When analyzing the pediatric record,, which immunizations would the nurse anticipate administering at this appointment? **Select all that apply.**

1. DTaP (diphtheria, tetanus, and acellular pertussis)

2. MMR (measles, mumps, and rubella)

3. IPV (inactivated polio vaccine)

4. Varicella (chicken pox) vaccine

5. Hib (*Haemophilus influenzae* vaccine)

6. PCV (pneumococcal vaccine)

15. The nurse is teaching a group of parents about the side effects of immunizations. Which sign should the nurse include when talking about an infant receiving the *Haemophilus influenzae* (Hib) vaccine?

- ~~1. Lethargy~~
- ~~2. Urticaria~~
- ~~3. Generalized rash~~
- 4. Low-grade fever

16. A 15-month-old has just received routine immunizations, including DtaP, varicella, and MMR. What information would the nurse give to the parents before they leave the office? **Select all that apply.**

1. Minor symptoms can be treated with acetaminophen.
2. Minor symptoms can be treated with aspirin.
3. Call emergency services if the toddler develops a fever above 103F (39.4C), seizures, or difficulty breathing.
4. Discomfort at the immunization site and mild fever are common.
5. The immunizations decrease the likelihood of the toddler contracting the disease.
6. The parents would restrict toddler activity for the remainder of the day.

17. The nurse educator is orienting a new nurse to the pediatric unit and is including tips for medication administration. Which statement by the new nurse indicates that the teaching has been effective?

1. "It helps to use magical thinking with the infant age group."
2. "It helps to use magical thinking with the school-age group."
3. "It helps to use magical thinking with the toddler age group."
4. "It helps to use magical thinking with the preschool age group."

18. Which interventions are appropriate for the care of an infant? **Select all that apply.**

- 1. Provide swaddling.
- 2. Talk in a loud voice.
- 3. Provide the infant with a bottle of juice at nap time.
- 4. Hang mobiles with black and white contrast designs.
- 5. Caress the infant while bathing or during diaper changes.
- 6. Allow the infant to cry for at least 10 minutes before responding

19. The pediatric nurse is a guest speaker for general health teaching in a prenatal class with young adults. The nurse would stress which factor that is **most** important to promote positive growth and development of the fetus?

- ① Nutrition
- ~~2.~~ Financial income
- ~~3.~~ Exposure to secondary smoke
- ~~4.~~ Ethnic background

20. The pediatric nurse would use therapeutic play with a hospitalized 6-year-old at which times? **Select all that apply.**

- 1. During preoperative teaching
- 2. Right before bedtime
- 3. Before a diagnostic test
- 4. During a bedside procedure
- 5. When the child is stressed

21. The nurse needs to obtain a height on a 3-year-old child as a part of routine health screening. To obtain an accurate measurement, the nurse would instruct the child to do which of the following?

- ~~1.~~ Lie down in a supine position.
2. Remove shoes and stand upright with head erect.
- ~~3.~~ Stand with his or her feet wide apart.
- ~~4.~~ Face the wall while being measured.

22. The charge nurse is developing plans to reduce the stress of a hospitalized, chronically ill 8-year-old child. Which approach by the nurse is **most** likely to improve the child's coping ability? **Select all that apply.**

- ~~1.~~ Allow 24-hour open visitation with peers.
2. Provide care specifically designed for a school-age child.
- ~~3.~~ Have tutoring postponed until discharge.
- ~~4.~~ Caution against making any decisions while hospitalized.
5. Offer the child some choices for activities such as bathing or ambulating.

23. A nurse teaches a 5-year-old child with cystic fibrosis how to use an inhaler. What is the most appropriate way to evaluate understanding of this technique?

- ~~1.~~ Asking questions about using the inhaler.
2. Showing the nurse how to use the inhaler.
- ~~3.~~ Explaining how the inhaler will be used at home.
- ~~4.~~ Telling the nurse about the technique that was learned.

25. What is the nurse's best approach when preparing a 4-year-old child for an otoscopic examination?

- ~~1.~~ "This tube will feel like a pencil in your ear."
2. "You can help by holding this tube while I get ready."
- ~~3.~~ "Please try to sit very still while I'm looking through the tube."
- ~~4.~~ "It won't hurt a bit when I look into your ear through this tube."

26. A nurse is caring for an adolescent who was admitted to the hospital's medical unit after attempting suicide by ingesting acetaminophen. Which interventions would the nurse incorporate into the client's care plan? **Select all that apply.**

~~1.~~ Limit care until the client initiates a conversation.

2. Ask the client's parents if they keep firearms in their home.

3. Ask the client if he/she is currently having suicidal thoughts.

4. Assist the client with bathing and grooming as needed.

5. Inspect the client's mouth after giving oral medications.

~~6.~~ Assure the client that anything said will be held in strict confidence.

27. The nurse discusses swimming pool safety with the parents of 4-year-old twins. Which statement identifies that more instruction is needed? **Select all that apply.**

- 1. "We remove all toys from the pool area when not in use."
- 2. "The twins wear flotation devices when they are in the pool by themselves."
- 3. "We never go in the house for more than a minute when the twins are in the pool."
- 4. "We always tell the twins not to run by the pool."
- 5. "Our children are enrolled in swimming classes."

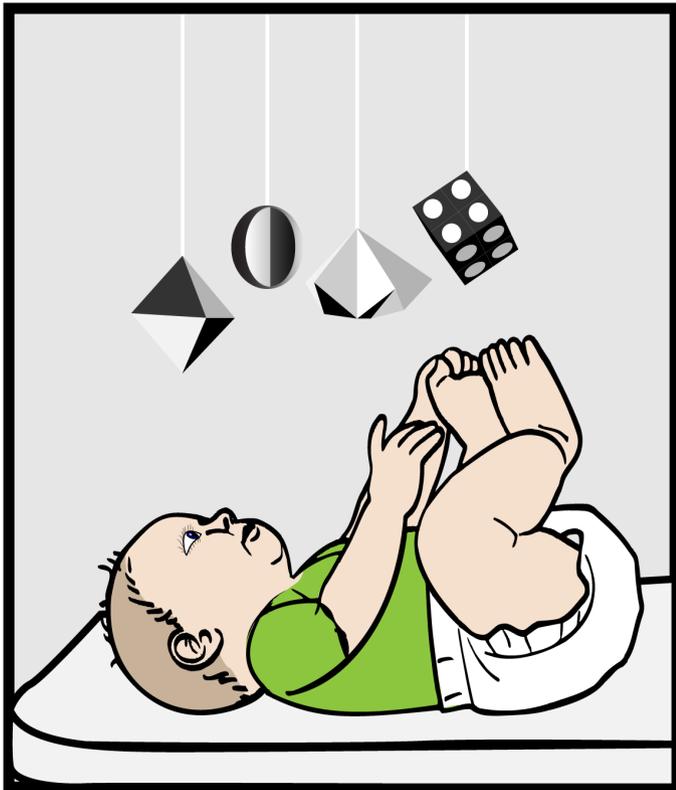
28. At 7AM, a nurse receives the information that an adolescent with diabetes has a 6:30AM fasting blood glucose level of 180 mg/dL (10 mmol/L). What is the **priority** nursing action at this time?

- ~~1.~~ Encourage the adolescent to start exercising.
- ~~2.~~ Ask the adolescent to obtain an immediate glucometer reading.
- ~~3.~~ Inform the adolescent that a simple carbohydrate should be eaten.
4. Tell the adolescent that the prescribed dose of rapid acting insulin should be administered.



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Questions?



Next week:
Variety

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LIVE
Webinars

Justine Buick, MSN, RN

The graphic includes several medical illustrations: a cross-section of a blood vessel with a catheter, a hand being held in a cast, a diagram of the lungs labeled 'ARDS', and two diagrams of a leg labeled 'Open fracture' and 'Closed fracture'.