Certified Pediatric Nurse (CPN) Practice Exam (Sample)

Study Guide

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Questions

1. What is an important dietary consideration for managing cystic fibrosis in children?

A. Increased fluid and low-fat intake

B. Reduced salt intake for hydration

C. Focus on a high-protein diet without supplements

D. Administration of pancreatic enzymes with all meals

2. For a hospitalized child, how should the nurse adapt activities to aid comfort?

A. Involve play therapists only

B. Restrict all play for safety

C. Encourage familiar play activities

D. Limit interaction with other children

3. What is the nurse's best response regarding the survival duration of RSV on surfaces?

A. RSV can survive for up to 12 hours on hard surfaces

B. RSV is highly contagious but does not survive long outside of the body

C. RSV can survive 30-60 minutes on toys

D. RSV can survive up to 6 hours on hard surfaces

4. Why is it important to record an infant's length and weight on a growth chart?

A. To see how she grows compared to other 9 month old girls worldwide

B. To determine if she is too heavy or small for her age

C. It’s a standard procedure for all babies

D. To show how her height and weight compare to others her age and observe growth patterns

5. At what age should pediatric patients receive their first flu vaccination?

A. 6 months

B. 12 months

C. 18 months

D. 24 months

6. At what age should a child typically be able to sit up without assistance?

- **A. 6 months**
- **B. 8 months**
- **C. 10 months**
- **D. 12 months**

7. Which statement about cystic fibrosis is true regarding the condition?

- **A. It is an inherited autosomal dominant disease**
- **B. Adolescents with CF may develop diabetes**
- **C. It mainly affects the heart and lungs**
- **D. Most children with CF have increased levels of insulin production**

8. Which gender is almost always infertile in individuals with cystic fibrosis?

- **A. Females**
- **B. Males**
- **C. Both genders**
- **D. Neither gender**

9. At what age is the pincher grasp typically developed in infants?

- **A. 3 months**
- **B. 6 months**
- **C. 9 months**
- **D. 12 months**

10. When selecting a toy for a 2 1/2-year-old hospitalized with cellulitis, which option is most appropriate?

- **A. A simple board game such as chutes and ladders**
- **B. A stuffed animal**
- **C. Crayons and a coloring book**
- **D. Large dump trucks and garbage trucks**

Answers

1. D
2. C
3. C
4. D
5. A
6. A
7. B
8. B
9. C
10. D

Explanations

1. What is an important dietary consideration for managing cystic fibrosis in children?

A. Increased fluid and low-fat intake

B. Reduced salt intake for hydration

C. Focus on a high-protein diet without supplements

D. Administration of pancreatic enzymes with all meals

In managing cystic fibrosis in children, the administration of pancreatic enzymes with all meals is crucial because the disease often leads to pancreatic insufficiency. Children with cystic fibrosis frequently struggle with nutrient absorption due to the thick mucus obstructing the pancreatic ducts, which limits the release of digestive enzymes necessary for breaking down food. By providing pancreatic enzyme replacement therapy with every meal and snack, children can improve their ability to digest nutrients, particularly fats and proteins, leading to better growth and overall health. This dietary consideration directly addresses the fundamental challenge of inadequate digestion and nutrient assimilation in these patients, helping to mitigate one of the critical effects of cystic fibrosis on their nutrition.

2. For a hospitalized child, how should the nurse adapt activities to aid comfort?

A. Involve play therapists only

B. Restrict all play for safety

C. Encourage familiar play activities

D. Limit interaction with other children

Encouraging familiar play activities is crucial for aiding comfort in hospitalized children. Familiar activities provide a sense of normalcy and can significantly reduce anxiety and stress associated with being in a medical environment. When children engage in play that they recognize and enjoy, it can serve as a form of emotional expression and distraction from discomfort or pain. Familiar play fosters a connection to their usual routine and can enhance feelings of security during a time that may feel overwhelming. Incorporating familiar play can also assist in facilitating coping mechanisms, allowing children to express their feelings and fears in a safe environment. It helps maintain their developmental skills, as play is a natural way for children to learn and express their creativity. Involving parents and caregivers in these activities can further enhance the child's comfort level, creating a supportive environment that promotes healing. Play therapists may have their specific roles in pediatric healthcare settings, but relying exclusively on them limits the involvement of the child's support system. On the other hand, restricting all play or limiting interactions with other children can lead to increased feelings of isolation and anxiety, which is contrary to the goal of providing comfort. Thus, familiar play activities can be a powerful therapeutic tool in supporting children's emotional and psychological well-being during hospitalization.

3. What is the nurse's best response regarding the survival duration of RSV on surfaces?

A. RSV can survive for up to 12 hours on hard surfaces

B. RSV is highly contagious but does not survive long outside of the body

C. RSV can survive 30-60 minutes on toys

D. RSV can survive up to 6 hours on hard surfaces

The most accurate response regarding the survival duration of Respiratory Syncytial Virus (RSV) on surfaces is that RSV can survive 30-60 minutes on toys. This timeframe is supported by studies indicating that RSV can remain viable on materials commonly found in children's environments, like toys, for a limited period. Understanding the survival of viruses on surfaces is crucial, especially in pediatric care, as it informs infection control practices. The 30-60 minutes range signifies the potential risk of transmission through contaminated surfaces, highlighting the importance of regular cleaning and disinfection of items that young children frequently handle. The other statements, while containing some elements of truth about RSV, do not accurately represent the specific survival timeframes on surfaces. For instance, RSV does have a capacity to survive for varying lengths of time, meaning that it is indeed important to focus on how long it can survive on many surfaces commonly found in children's settings. This knowledge helps in implementing effective preventive measures to reduce the spread of respiratory viruses among pediatric populations.

4. Why is it important to record an infant's length and weight on a growth chart?

A. To see how she grows compared to other 9 month old girls worldwide

B. To determine if she is too heavy or small for her age

C. It's a standard procedure for all babies

D. To show how her height and weight compare to others her age and observe growth patterns

The importance of recording an infant's length and weight on a growth chart lies in its role in monitoring growth patterns and development over time. By plotting an infant's height and weight on a growth chart, healthcare providers can visually assess how the child's growth compares to established percentiles for their age and sex. This enables the identification of normal growth patterns, as well as potential concerns, such as undernutrition or obesity. Tracking measurements on a growth chart helps in recognizing trends in growth and identifying deviations from expected patterns, which could indicate underlying health issues or nutritional deficiencies. In contrast to simply determining whether the infant is too heavy or small for her age, which can lack nuance, or comparing her growth to infants worldwide, which may not reflect relevant local growth standards, the growth chart provides a comprehensive perspective on the infant's growth trajectory within a specific population. Lastly, though it's a standard procedure for all babies to be measured and recorded, it is the analysis of individual growth data in relation to age and sex that offers valuable insights into the child's development.

5. At what age should pediatric patients receive their first flu vaccination?

A. 6 months

B. 12 months

C. 18 months

D. 24 months

The first flu vaccination for pediatric patients is recommended to be given at 6 months of age. This guideline is based on the need for young children to develop adequate immunity to influenza, particularly since infants are at higher risk for severe complications from the virus. The flu vaccine helps to protect them during the flu season, which can occur in the fall and winter months. Vaccinating at 6 months also aligns with public health recommendations to include all children in the vaccination process to reduce the spread of influenza and minimize its impact. Following the initial dose, ongoing vaccinations are usually recommended annually, reinforcing and updating the child's immunity against circulating strains of the virus. This proactive approach is crucial for safeguarding the health of vulnerable populations, particularly in young children who are just beginning to navigate exposure to various pathogens as they enter childcare or school environments.

6. At what age should a child typically be able to sit up without assistance?

A. 6 months

B. 8 months

C. 10 months

D. 12 months

A child typically develops the ability to sit up without assistance around 6 to 8 months of age. Most infants begin sitting independently between these two ages as their muscle strength and coordination improve. By 6 months, many babies can sit with support and may be able to sit briefly without assistance. By 8 months, they usually have achieved the ability to sit up straight without falling. The choice of 8 months reflects this developmental milestone accurately as it symbolizes a timeframe when infants consolidate their sitting ability. This aligns with typical growth patterns observed in pediatric development. Understanding these milestones is crucial for assessing child development and ensuring that children achieve essential physical skills in a timely manner.

7. Which statement about cystic fibrosis is true regarding the condition?

A. It is an inherited autosomal dominant disease

B. Adolescents with CF may develop diabetes

C. It mainly affects the heart and lungs

D. Most children with CF have increased levels of insulin production

In cystic fibrosis (CF), it is indeed true that adolescents may develop diabetes, a condition known as cystic fibrosis-related diabetes (CFRD). This occurs due to the damage caused to the pancreas from thick, sticky mucus that obstructs the pancreatic ducts, impairing its ability to produce insulin effectively. As a result, adolescents with cystic fibrosis are at an increased risk for developing glucose intolerance and diabetes, generally resembling type 1 diabetes but exhibiting characteristics of both type 1 and type 2 diabetes due to insulin deficiency and resistance. The other statements, while related to the condition in different contexts, do not accurately portray the primary characteristics of cystic fibrosis. For instance, cystic fibrosis is an autosomal recessive disorder, not autosomal dominant, meaning that a child must inherit two copies of the defective gene to manifest the disease. Additionally, cystic fibrosis primarily affects the lungs and digestive system rather than the heart, and while children with CF may struggle with insulin production due to pancreatic damage, it's not correct to say that most have increased levels of insulin; rather, they often experience decreased insulin production due to the effects of the disease.

8. Which gender is almost always infertile in individuals with cystic fibrosis?

A. Females

B. Males

C. Both genders

D. Neither gender

Individuals with cystic fibrosis often experience infertility primarily due to the anatomical and physiological effects of the condition. In males, cystic fibrosis is typically associated with congenital absence of the vas deferens, the duct responsible for transporting sperm from the testicles to the urethra. This anatomical abnormality results in obstructive azoospermia, where no sperm is present in the ejaculate, leading to infertility. While females with cystic fibrosis may have some fertility, they can face challenges such as thick cervical mucus, which can impede sperm passage and affect fertility. However, many women with cystic fibrosis are capable of conceiving, although they might require medical assistance. The distinction between the genders is significant because the degree of infertility is almost universally definitive in males, making them almost always infertile due to cystic fibrosis. In contrast, while females may also experience fertility challenges, they are not universally infertile.

9. At what age is the pincher grasp typically developed in infants?

A. 3 months

B. 6 months

C. 9 months

D. 12 months

The development of the pincer grasp typically occurs around 9 months of age in infants. At this stage, children have enhanced finger dexterity and coordination, allowing them to grasp smaller objects between their thumb and forefinger. This motor skill is crucial as it marks a significant milestone in fine motor development and indicates that the child is exploring their environment more actively. During the earlier months, such as at 3 or 6 months, infants are still refining their gross motor skills and may rely more on a whole-hand grasp or raking motion rather than the precise pinching motion that characterizes the pincer grasp. By 12 months, many infants have fully developed this skill and may even begin to use it more reliably, alongside other developmental milestones, but the fundamental grasping ability itself is established by 9 months.

10. When selecting a toy for a 2 1/2-year-old hospitalized with cellulitis, which option is most appropriate?

A. A simple board game such as chutes and ladders

B. A stuffed animal

C. Crayons and a coloring book

D. Large dump trucks and garbage trucks

Selecting a toy for a 2 1/2-year-old hospitalized with cellulitis requires consideration of both developmental appropriateness and the child's current condition. The choice of large dump trucks and garbage trucks aligns well with the interests and developmental stage of toddlers, particularly those who are at the height of their imaginative play. At this age, children are typically engaging in parallel play and are drawn to toys that stimulate their creativity and motor skills. Large trucks are also easier for small hands to manipulate and provide opportunities for imaginative play, such as pretending to drive or load items, which can be comforting and engaging during a hospital stay. In a hospital setting, toys that can be easily cleaned or disinfected are important due to infection control measures. Larger toys, like dump trucks, can generally be made of materials that are easier to wipe down without harboring germs. Moreover, while a stuffed animal provides comfort, it may not engage a toddler's imagination as actively as a toy like large trucks. Similarly, while a board game and coloring activities are valuable, they may not match the energy levels or interests of a toddler who often prefers active and engaging play. Thus, choosing large dump trucks and garbage trucks not only caters to the child's developmental stage but also supports play that is