Focus on Child Health Practice Exam (Sample)

Study Guide

Everything you need from our exam experts!

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Questions

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1. What is the significance of the Apgar score?

A. It determines the appropriate feeding plan for infants

B. It assesses a newborn's physical condition at birth

C. It evaluates the risk of congenital disabilities

D. It measures infant growth over the first year

2. Which intervention is most appropriate for a 3-year-old child with leukemia who is experiencing nausea due to chemotherapy?

A. Encouraging large meals to improve nutrition

B. Providing small, frequent high-protein foods

C. Giving milkshakes as they are proven to be filling

D. Restricting all solid food until nausea subsides

3. During assessment, which urinary output should cause a nurse to be concerned about dehydration in a school-age child?

A. 1 mL/kg/hr

B. 2 mL/kg/hr

C. 3 mL/kg/hr

D. 0.5 mL/kg/hr

4. To reduce the risk of sudden infant death syndrome (SIDS), infants should be placed in which position for sleep?

A. Prone position

B. Sitting up position

C. Supine position

D. Side-lying position

5. Which condition involves dark, foul-smelling stools and indicates possible malabsorption?

A. Gluten intolerance

B. Cystic fibrosis

C. Gastroesophageal reflux

D. Lactose intolerance

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6. Which of the following indicates a mother understands post-operative care instructions for her child who underwent cleft lip repair?

A. "I should not brush her teeth for 1 to 2 weeks."

B. "I can feed her solid foods immediately."

C. "I should rinse her mouth with water after feeding."

D. "It's okay to lay her flat after feeding."

7. What is the typical therapeutic range for digoxin in ng/mL?

A. 0.5 to 0.8 ng/mL

B. 0.8 to 1.0 ng/mL

C. 1.0 to 1.5 ng/mL

D. 1.5 to 2.0 ng/mL

8. In patients with gastroesophageal reflux disease (GERD), how does pacifier use affect the condition?

A. Increases episodes of reflux

B. Does not have any effect

C. Decreases the frequency of crying and reflux

D. Is harmful to the infant's oral health

9. What is the most serious complication associated with skeletal traction?

A. Deep vein thrombosis

B. Pneumonia

C. Osteomyelitis

D. Fracture non-union

10. What information should a nurse provide to parents after their child has heart surgery?

A. Encourage the child to engage in outdoor play

B. Contact the healthcare provider if appetite decreases

C. Allow the use of creams on the incision site

D. Limit all physical activity for two weeks

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Answers

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

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Explanations

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1. What is the significance of the Apgar score?

A. It determines the appropriate feeding plan for infants

B. It assesses a newborn's physical condition at birth

C. It evaluates the risk of congenital disabilities

D. It measures infant growth over the first year

The Apgar score is a crucial tool used to quickly assess the physical condition of a newborn immediately after birth. It evaluates five parameters: appearance (skin color), pulse (heart rate), grimace response (reflexes), activity (muscle tone), and respiration (breathing effort). Each parameter is scored from 0 to 2, with a maximum total score of 10. This scoring system provides a rapid evaluation of the newborn's health and helps healthcare providers determine if immediate medical intervention is necessary. By assessing the newborn's physical condition, the Apgar score helps identify issues such as respiratory distress or poor circulation that may require prompt attention. This score is typically measured at one minute and five minutes after birth, providing insights into how well the newborn is adapting to life outside the womb. In contrast, other options such as determining feeding plans, evaluating congenital disabilities, or measuring growth over the first year are not related to the immediate assessment carried out by the Apgar score. Feeding plans may be developed later based on further assessments of the infant's health and nutritional needs, while congenital disabilities typically require more comprehensive screening methods and growth assessments are conducted over time to monitor overall development.

2. Which intervention is most appropriate for a 3-year-old child with leukemia who is experiencing nausea due to chemotherapy?

A. Encouraging large meals to improve nutrition

B. Providing small, frequent high-protein foods

C. Giving milkshakes as they are proven to be filling

D. Restricting all solid food until nausea subsides

Providing small, frequent high-protein foods is the most appropriate intervention for a 3-year-old child with leukemia experiencing nausea due to chemotherapy. This approach is beneficial because it can help maintain nutritional intake without overwhelming the child's stomach, which can be particularly sensitive during nausea. Small, frequent meals are often easier for children to tolerate, as they do not require the child to consume a large volume of food at one time. High-protein options can also support the child's overall health and help mitigate some of the muscle wasting that can occur with prolonged illness and treatment. Moreover, encouraging a child to eat smaller portions may help to stimulate appetite and make it more manageable for them to get the necessary nutrients they need to support recovery. Proper nutrition is especially important for children undergoing treatment for leukemia, as it can help in managing side effects and promoting healing.

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3. During assessment, which urinary output should cause a nurse to be concerned about dehydration in a school-age child?

A. 1 mL/kg/hr

B. 2 mL/kg/hr

C. 3 mL/kg/hr

D. 0.5 mL/kg/hr

A urinary output of 1 mL/kg/hr is concerning for dehydration in a school-age child. The normal range for urinary output in children varies, but generally, a healthy level is around 1 to 2 mL/kg/hr. When a child is dehydrated, fluid intake is inadequate to maintain normal kidney function, leading to lower urinary output. A urinary output of 0.5 mL/kg/hr raises the most significant concerns as it indicates a severe deficit in hydration, and the body is conserving water due to inadequate fluid levels. However, 1 mL/kg/hr, while still on the lower side, may suggest that the child is at risk for dehydration, indicating a need for further hydration assessment and possible intervention. The other outputs of 2 mL/kg/hr and 3 mL/kg/hr fall well within the expected healthy range, suggesting that the child's hydration status is more stable in those scenarios. Monitoring urinary output is crucial in managing and assessing hydration status, especially in a pediatric setting.

4. To reduce the risk of sudden infant death syndrome (SIDS), infants should be placed in which position for sleep?

A. Prone position

B. Sitting up position

C. Supine position

D. Side-lying position

Placing infants in the supine position, which means lying on their backs, is a well-established recommendation to reduce the risk of sudden infant death syndrome (SIDS). Research has demonstrated that putting infants to sleep on their backs significantly lowers the incidence of SIDS compared to other sleeping positions. This position helps keep the airway clear and ensures that the baby can breathe freely during sleep, thus minimizing the likelihood of incidents that can lead to SIDS. Guidelines from organizations such as the American Academy of Pediatrics strongly endorse the supine position as the safest for infant sleep. While other positions like prone (on the stomach) and side-lying may be mentioned in different contexts, they do not offer the same level of safety as the supine position with respect to SIDS prevention. The prone position can cause the baby to have a higher risk of rebreathing carbon dioxide and reduced stimulation upon waking. The side-lying position is also not recommended due to the risk of the infant rolling onto the stomach. Therefore, the supine position is the optimal choice for reducing the risk of SIDS.

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5. Which condition involves dark, foul-smelling stools and indicates possible malabsorption?

A. Gluten intolerance

B. Cystic fibrosis

C. Gastroesophageal reflux

D. Lactose intolerance

The indication of dark, foul-smelling stools that are associated with malabsorption points to cystic fibrosis. This genetic disorder primarily affects the lungs and digestive system due to the production of thick, sticky mucus. In the gastrointestinal tract, this can lead to blockages that interfere with the normal absorption of nutrients, resulting in steatorrhea, which is characterized by oily, foul-smelling stools. Such symptoms arise because the malabsorption prevents fats from being properly digested and absorbed. Additionally, cystic fibrosis can affect the pancreas, leading to pancreatic enzyme insufficiency. This lack of enzymes means that even when food is consumed, the body cannot adequately break down and absorb essential nutrients, contributing to the malodorous stool characteristics associated with this condition. While gluten intolerance, gastroesophageal reflux, and lactose intolerance can also lead to issues with digestion and absorption, they do not typically present with dark, foul-smelling stools in the same way that cystic fibrosis does. Gluten intolerance is generally marked by bloating and diarrhea, but not specifically foul-smelling stools related to malabsorption. Gastroesophageal reflux primarily involves symptoms related to heartburn and regurgitation, and lactose intolerance usually presents with gas, bloating, and diarrhea but does

6. Which of the following indicates a mother understands post-operative care instructions for her child who underwent cleft lip repair?

A. "I should not brush her teeth for 1 to 2 weeks."

B. "I can feed her solid foods immediately."

C. "I should rinse her mouth with water after feeding."

D. "It's okay to lay her flat after feeding."

The selection of the statement regarding rinsing the child's mouth with water after feeding demonstrates an understanding of post-operative care following cleft lip repair. After the surgery, maintaining oral hygiene is important to prevent infection and promote healing. Rinsing the mouth helps to clear any residual food particles that may irritate the surgical site, which is critical in the first few weeks post-surgery when the area is healing. In contrast, it is generally advised not to brush the teeth immediately after the surgery because the mechanical action can disturb the surgical site. Feeding solid foods right away is also discouraged; soft or liquid diets are preferred to minimize stress on the surgical area during recovery. Additionally, keeping the child in an elevated position, rather than laying flat after feeding, helps reduce the risk of aspiration and supports proper healing by minimizing pressure on the surgical site. Thus, the importance of rinsing the mouth aligns with best practices for hygiene and healing in a postoperative setting.

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7. What is the typical therapeutic range for digoxin in ng/mL?

A. 0.5 to 0.8 ng/mL

B. 0.8 to 1.0 ng/mL

C. 1.0 to 1.5 ng/mL

D. 1.5 to 2.0 ng/mL

The typical therapeutic range for digoxin is considered to be between 0.5 to 0.8 ng/mL, making this the correct choice. This range is crucial for achieving the desired effects of digoxin, which is primarily used for conditions such as heart failure and atrial fibrillation. Maintaining blood levels within this therapeutic range helps ensure that the medication is effective without causing toxicity. Higher levels above this range can lead to digoxin toxicity, which manifests in various symptoms including gastrointestinal issues, visual disturbances, and cardiac arrhythmias. On the other hand, levels below the therapeutic range may not provide adequate treatment, leading to uncontrolled heart failure or other complications. Understanding this therapeutic window is essential for healthcare providers when monitoring patients on digoxin therapy to ensure optimal dosing and patient safety.

8. In patients with gastroesophageal reflux disease (GERD), how does pacifier use affect the condition?

A. Increases episodes of reflux

B. Does not have any effect

C. Decreases the frequency of crying and reflux

D. Is harmful to the infant's oral health

The correct response highlights how pacifier use may have a beneficial effect in infants with gastroesophageal reflux disease (GERD). When infants use a pacifier, this action can help to promote self-soothing, which in turn may reduce overall crying. Crying can contribute to increased intra-abdominal pressure, leading to more frequent reflux episodes. By decreasing the frequency of crying, the pacifier indirectly helps to minimize the occurrence of reflux, providing a calming effect that supports better overall comfort for the infant. Additionally, the use of a pacifier can encourage infants to adopt a more relaxed and calm demeanor, which may further decrease the likelihood of reflux episodes. If an infant is less distressed, less crying and fussiness can lead to a more comfortable feeding process, ultimately supporting digestive health. In this context, pacifier use is not detrimental; rather, it serves a supportive role in managing the symptoms of GERD in infants.

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9. What is the most serious complication associated with skeletal traction?

A. Deep vein thrombosis

B. Pneumonia

C. Osteomyelitis

D. Fracture non-union

The most serious complication associated with skeletal traction is osteomyelitis. Osteomyelitis is an infection of the bone that can occur as a result of prolonged exposure to the external environment, particularly in cases where pins or wires are used to maintain skeletal traction. The sites where these devices penetrate the skin can provide a pathway for bacteria to enter, potentially leading to a serious bone infection, which may complicate the healing process and require extensive treatment, including antibiotics or even surgical intervention. Thus, recognizing osteomyelitis as the most serious complication highlights the need for meticulous care in maintaining the aseptic technique during skeletal traction. It underscores the importance of monitoring the pin sites for any signs of infection and promptly addressing any issues that may arise to prevent this serious complication.

10. What information should a nurse provide to parents after their child has heart surgery?

A. Encourage the child to engage in outdoor play

B. Contact the healthcare provider if appetite decreases

C. Allow the use of creams on the incision site

D. Limit all physical activity for two weeks

After a child has undergone heart surgery, it's essential for parents to be vigilant about their child's recovery and overall well-being. One important aspect of this is monitoring the child's appetite. If there is a decrease in appetite, it could indicate complications or an adverse reaction to medications, which may require immediate attention from a healthcare provider. Therefore, advising parents to contact the healthcare provider if their child's appetite decreases helps ensure that any potential issues are addressed promptly. The other options do not provide appropriate guidance for post-operative care. Encouraging outdoor play is generally not advisable immediately after heart surgery due to the need for limited physical exertion during the healing process. The recommendation regarding creams on the incision site is inappropriate, as using topical products could interfere with healing or increase the risk of infection. Finally, while some limitations on physical activity are necessary, suggesting a strict two-week limit may not be suitable for all children, as recovery can vary significantly based on individual circumstances and their specific surgical procedure.

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