HESI Maternity/Pediatric Remediation Practice Test (Sample)

Study Guide

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Questions

1. **How does Rho(D) immune globulin function in a pregnancy?**
   - **A. It stimulates fetal red blood cell production.**
   - **B. It prevents antibody formation in the mother.**
   - **C. It enhances maternal immune response.**
   - **D. It protects against gestational diabetes.**

2. **What is the primary concern in a child diagnosed with cystic fibrosis?**
   - **A. Dietary deficiencies**
   - **B. Respiratory function and lung infections**
   - **C. Growth delays**
   - **D. Dental issues**

3. **What is the leading cause of infant mortality in the United States?**
   - **A. Infections**
   - **B. Accidents**
   - **C. Congenital anomalies**
   - **D. Respiratory distress**

4. **What is a common treatment for otitis media in children?**
   - **A. Antibiotic therapy**
   - **B. Warm compresses**
   - **C. Inhalers**
   - **D. Topical ointments**

5. **Which medication can be used safely during lactation to treat depression?**
   - **A. Buspirone**
   - **B. Trazodone**
   - **C. Paroxetine**
   - **D. Citalopram**

6. What is a typical dietary recommendation for a pregnant woman to support fetal development?

A. Increase intake of carbonated beverages

B. Limit protein sources

C. Include a variety of fruits and vegetables

D. Reduce dairy products

7. What is a common complication of poorly managed gestational diabetes?

A. Preterm birth

B. Preeclampsia

C. Macrosomia

D. Placental abruption

8. What imaging or testing is typically ordered for a child suspected of Kawasaki disease?

A. Echocardiogram

B. Chest X-ray

C. CT scan of the abdomen

D. MRI of the brain

9. Which characteristic is commonly observed in adolescents with anorexia nervosa?

A. Denying illness

B. Dismissing food

C. Seeking intimacy

D. Being extroverted

10. Which developmental milestone is expected by 12 months of age?

A. Crawling

B. Walking with assistance

C. Sitting without support

D. Choosing favorite toys

Answers

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

Explanations

1. How does Rho(D) immune globulin function in a pregnancy?

A. It stimulates fetal red blood cell production.

B. It prevents antibody formation in the mother.

C. It enhances maternal immune response.

D. It protects against gestational diabetes.

Rho(D) immune globulin functions primarily as a preventative treatment for Rh incompatibility during pregnancy. When a Rh-negative mother carries a Rh-positive fetus, there is a risk that the mother's immune system may recognize the Rh-positive red blood cells as foreign and produce antibodies against them. This can lead to hemolytic disease of the newborn in future pregnancies. The administration of Rho(D) immune globulin works by preventing the mother's immune system from initiating an antibody response to the Rh-positive blood cells. Specifically, it does this by binding to and neutralizing any Rh-positive red blood cells that may have entered the mother's circulation, thus minimizing the likelihood of her developing antibodies against them. This is crucial for protecting subsequent pregnancies from the complications associated with Rh incompatibility. The other options, while they describe various immune responses, do not accurately reflect the specific function of Rho(D) immune globulin. It does not stimulate fetal red blood cell production, enhance maternal immune response, or provide protection against gestational diabetes, making the role of preventing antibody formation in the mother the key characteristic of Rho(D) immune globulin in pregnancy.

2. What is the primary concern in a child diagnosed with cystic fibrosis?

A. Dietary deficiencies

B. Respiratory function and lung infections

C. Growth delays

D. Dental issues

The primary concern in a child diagnosed with cystic fibrosis is respiratory function and lung infections. Cystic fibrosis (CF) is a genetic disorder that affects the exocrine glands, leading to the production of thick, sticky mucus that can clog the airways in the lungs. This can result in chronic respiratory problems, including frequent lung infections, inflammation, and reduced lung function. In children with cystic fibrosis, the thick mucus creates an environment that is conducive to bacterial growth, leading to recurrent respiratory infections. These infections can significantly impact the child's overall health, quality of life, and can lead to serious complications if not managed effectively. Therefore, maintaining good respiratory health and preventing lung infections are vital priorities in the management of cystic fibrosis. Other concerns such as dietary deficiencies, growth delays, and dental issues are important to address in the overall care of a child with cystic fibrosis, but they are secondary to the critical need for managing respiratory function and preventing lung infections, which are the most immediate and life-threatening issues associated with the condition.

3. What is the leading cause of infant mortality in the United States?

A. Infections

B. Accidents

C. Congenital anomalies

D. Respiratory distress

Congenital anomalies are indeed the leading cause of infant mortality in the United States. These anomalies, which encompass various structural and functional abnormalities present at birth, can significantly impact an infant's health and likelihood of survival. They may include conditions such as heart defects, spina bifida, or chromosomal abnormalities, among others. These congenital issues often lead to complications either immediately after birth or later in life, contributing to increased mortality rates. Infections, accidents, and respiratory distress, while serious and notable concerns in newborns and infants, do not account for as large a proportion of mortality as congenital anomalies do. Infections can lead to critical health threats, but advancements in prenatal care and immunizations have helped reduce these cases significantly. Accidents typically pertain to older infants and children, while respiratory distress, though a critical condition, can often be managed effectively with medical care. Thus, congenital anomalies stand out as a significant challenge in maternal and child health, leading to higher mortality rates among infants in the country.

4. What is a common treatment for otitis media in children?

A. Antibiotic therapy

B. Warm compresses

C. Inhalers

D. Topical ointments

A common treatment for otitis media in children is antibiotic therapy. This condition, often characterized by an ear infection in the middle ear, may be caused by bacteria, and antibiotics are employed to help eliminate the bacterial infection. By targeting the pathogens responsible for the infection, antibiotics can assist in reducing inflammation, relieving pain, and preventing potential complications, particularly in cases where the infection is severe or has persisted for an extended period. While warm compresses can provide symptomatic relief by reducing pain, they do not address the underlying infection nor are they a primary treatment for otitis media. Inhalers are typically used for respiratory conditions such as asthma and have no direct relevance to the treatment of ear infections. Topical ointments are generally used for skin conditions or infections and are not suitable for treating otitis media, as the infection is located in the middle ear and requires systemic treatment. Hence, antibiotic therapy is considered the standard of care in managing this common pediatric issue.

5. Which medication can be used safely during lactation to treat depression?

A. Buspirone

B. Trazodone

C. Paroxetine

D. Citalopram

Paroxetine is considered one of the safer options for treating depression during lactation. Studies have shown that paroxetine has a relatively low secretion into breast milk compared to other antidepressants, which means that the amount the breastfeeding infant could potentially receive is minimal. Additionally, paroxetine has been evaluated in various studies regarding its safety profile during breastfeeding, indicating that it does not typically result in significant adverse effects in breastfeeding infants. When treating depression in breastfeeding mothers, it is crucial to select medications that balance the mental health needs of the mother with the safety of the infant. Paroxetine's established safety profile makes it a common choice, especially when compared to other antidepressants that may carry higher risks of adverse effects or greater transfer into breast milk. While other medications may also be considered in therapy, their potential side effects or the amount that passes into breast milk can make them less desirable options during lactation.

6. What is a typical dietary recommendation for a pregnant woman to support fetal development?

A. Increase intake of carbonated beverages

B. Limit protein sources

C. Include a variety of fruits and vegetables

D. Reduce dairy products

Including a variety of fruits and vegetables in a pregnant woman's diet is essential for supporting fetal development. Fruits and vegetables are rich in vital vitamins, minerals, and antioxidants that contribute to the healthy growth of the fetus. For instance, folate found in leafy greens helps prevent neural tube defects, while vitamin C in fruits boosts the immune system and aids in iron absorption. A diverse diet rich in plant-based foods can also help ensure adequate intake of fiber, which can help prevent constipation, a common issue during pregnancy. This balanced intake supports not only the physical development of the fetus but also contributes to the overall health of the mother, helping her to maintain energy levels and manage pregnancy-related symptoms effectively. It aligns well with dietary guidelines that encourage a varied diet to meet the increased nutritional needs during pregnancy.

7. What is a common complication of poorly managed gestational diabetes?

A. Preterm birth

B. Preeclampsia

C. Macrosomia

D. Placental abruption

Macrosomia is a common complication associated with poorly managed gestational diabetes because high blood sugar levels can lead to excessive growth of the fetus. When a pregnant woman has elevated glucose levels, the fetus receives more glucose than it needs, leading to increased fat deposition and overall growth. This results in macrosomia, which is defined as a birth weight of more than 8 pounds, 13 ounces (approximately 4,000 grams). Macrosomia can create risks during delivery, including increased chances of cesarean section, birth injuries due to shoulder dystocia, and postpartum hemorrhage for the mother. Additionally, macrosomic infants may face health risks after birth, such as hypoglycemia. Other complications of gestational diabetes may arise; however, macrosomia is specifically associated with the excessive glucose supply stemming from the condition when it is not effectively managed. This illustrates the direct impact poorly controlled blood sugar levels can have on fetal growth and outcomes.

8. What imaging or testing is typically ordered for a child suspected of Kawasaki disease?

A. Echocardiogram

B. Chest X-ray

C. CT scan of the abdomen

D. MRI of the brain

Kawasaki disease is an acute inflammatory condition that primarily affects children and can lead to serious cardiovascular complications, particularly affecting the coronary arteries. To assess the impact of this disease on the heart and blood vessels, an echocardiogram is commonly ordered. This non-invasive ultrasound test allows healthcare providers to visualize the heart's structure and function, assess for any coronary artery enlargement (aneurysms), and evaluate overall cardiac performance. The echocardiogram is particularly important in the context of Kawasaki disease because early diagnosis and monitoring can significantly influence management and outcomes, helping to prevent long-term complications. Other imaging options, such as a chest X-ray, CT scan of the abdomen, or MRI of the brain, do not provide the necessary information about heart involvement in Kawasaki disease, making them less relevant for this specific diagnosis.

9. Which characteristic is commonly observed in adolescents with anorexia nervosa?

A. Denying illness

B. Dismissing food

C. Seeking intimacy

D. Being extroverted

Individuals with anorexia nervosa often exhibit a significant denial of their illness. This characteristic is crucial as it reflects the psychological component of the disorder, where the adolescent may have an altered self-image and cannot recognize the severity of their weight loss or the health risks associated with their eating behavior. This denial can make treatment challenging, as it often requires the individual to acknowledge their condition in order to seek help and adhere to a recovery plan. In contrast, the other characteristics are less commonly associated with anorexia nervosa. Dismissing food may occur as a behavior linked to the disorder, but it is not as defining as the denial of illness. Seeking intimacy and being extroverted are typically not strong traits of adolescents with anorexia, who may often isolate themselves and withdraw from social interactions due to their preoccupation with body image and food. Therefore, the emphasis on denial as a primary characteristic is pivotal in understanding the nature of this condition and its impact on treatment approaches.

10. Which developmental milestone is expected by 12 months of age?

A. Crawling

B. Walking with assistance

C. Sitting without support

D. Choosing favorite toys

The developmental milestone expected by 12 months of age is sitting without support. By this age, many infants have developed sufficient core strength and balance to sit independently. This ability typically emerges around 6 to 8 months, and by the time a child is 12 months old, they are usually very proficient at sitting up straight without needing any support. Crawling generally occurs between 7 to 10 months, so while some may be crawling by 12 months, it is not a guaranteed milestone for all infants. Walking with assistance can occur around this age as well, but many children start walking independently between 12 to 15 months. Choosing favorite toys is more of a social or cognitive milestone that develops later, as it involves preferences that typically come in the 18 months to 2 years range. Thus, sitting without support is the clearest and most appropriate milestone expected by the age of 12 months.