NBCSN Nationally Certified School Nurse Practice Exam (Sample)

Study Guide

Everything you need from our exam experts!

Questions

1. **How does moderate vision impairment typically manifest in terms of visual acuity?**
   - **A. 20/25-20/50**
   - **B. 20/30-20/60**
   - **C. 20/70-20/100**
   - **D. 20/10-20/20**

2. **Which vaccines are considered live viruses?**
   - **A. MMR and DTaP**
   - **B. Varicella and HPV**
   - **C. MMR and Varicella**
   - **D. Tdap and Influenza**

3. **How long should fungal infections be treated before they can safely participate in sports?**
   - **A. 12 hours**
   - **B. 24 hours**
   - **C. 48 hours**
   - **D. 72 hours**

4. **What genetic disorder is associated with a mutation on the X chromosome?**
   - **A. Down syndrome**
   - **B. Fragile X syndrome**
   - **C. Cystic fibrosis**
   - **D. Turner syndrome**

5. **Which government body created the School Health Index?**
   - **A. U.S. Department of Education**
   - **B. Center for Disease Control and Prevention**
   - **C. American Medical Association**
   - **D. National Institute of Health**

6. Which of the following symptoms would be indicative of a respiratory condition in children?

A. Persistent abdominal pain

B. Frequent coughing and wheezing

C. Increased heart rate during exercise

D. Loss of sensation in limbs

7. What is the primary cause of Peptic Ulcer Disease in children?

A. Stress

B. H. pylori infection

C. Excessive spicy food consumption

D. Food allergies

8. At what age should children typically transition from the back seat to the front seat in a vehicle?

A. 12 years old

B. 13 years old

C. 10 years old

D. 15 years old

9. What does the acronym HEEADSSS stand for in health assessments?

A. Housing, eating, exercise, drugs, safety, sexuality, suicide

B. Home, education, activities, drugs, safety, sexuality, suicide

C. Health, education, employment, addiction, safety, support, survival

D. Home, education, eating, activities, drugs, sleep, stress

10. According to Erikson's theory, the stage of autonomy vs. shame and doubt occurs at what age range?

A. 1-3 years

B. 3-6 years

C. 6-11 years

D. 12-17 years

Answers

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

Explanations

1. How does moderate vision impairment typically manifest in terms of visual acuity?

A. 20/25-20/50

B. 20/30-20/60

C. 20/70-20/100

D. 20/10-20/20

Moderate vision impairment is generally classified based on specific ranges of visual acuity that indicate how well a person can see. In this context, the range of 20/70 to 20/100 accurately reflects moderate visual impairment. This means that at a distance of 20 feet, a person with moderate vision impairment sees what a person with normal vision (20/20) can see at distances between 70 to 100 feet. This degree of impairment can significantly impact daily activities, including reading, driving, and recognizing faces. Comparatively, the ranges provided by the other options do not align with the recognized definitions of moderate visual impairment. For instance, options indicative of visual acuity better than 20/70 would not typically be classified as moderate impairment, and any options reflecting a level of acuity significantly above this threshold would denote normal or slight vision loss rather than moderate impairment. Understanding the specific visual acuity ranges is essential for accurately identifying and addressing the needs of individuals with varying degrees of vision impairment.

2. Which vaccines are considered live viruses?

A. MMR and DTaP

B. Varicella and HPV

C. MMR and Varicella

D. Tdap and Influenza

Live virus vaccines are designed to elicit an immune response by using weakened forms of the virus, which helps the body build immunity without causing the disease. MMR (Measles, Mumps, and Rubella) and Varicella (chickenpox) vaccines both fall into this category. The MMR vaccine contains live, attenuated viruses of the three diseases it protects against—measles, mumps, and rubella. Similarly, the Varicella vaccine contains a weakened form of the varicella-zoster virus, which causes chickenpox. By introducing these weakened viruses, these vaccines stimulate the immune system to produce a response, providing long-lasting immunity. Other options include vaccines that are not live. For instance, DTaP (Diphtheria, Tetanus, and Pertussis) includes components of the bacteria rather than live viruses, and the HPV vaccine primarily uses non-replicating virus-like particles rather than live virus, thus not qualifying as a live virus vaccine. Tdap and influenza vaccines are also inactivated or subunit vaccines rather than being live. Understanding which vaccines are live viruses is crucial in determining their administration protocols and precautions, especially in populations with compromised immune systems or specific medical conditions

3. How long should fungal infections be treated before they can safely participate in sports?

A. 12 hours

B. 24 hours

C. 48 hours

D. 72 hours

Fungal infections can be highly contagious, especially in environments like schools where athletes frequently come into close contact. The correct duration of treatment prior to participation in sports is crucial to preventing the spread of the infection to other athletes. A minimum of 24 hours of treatment is generally recommended before individuals can safely participate in sports activities. This time frame allows for the treatment to begin to take effect in controlling the infection and reducing the risk of transmission. It is also essential for the treatment to be assessed for effectiveness and the individual to be free of symptoms before engaging in physical activities. While options suggesting more than 24 hours might prioritize safety, the 24-hour standard is grounded in guidelines from health organizations that seek to balance health considerations with the practicalities of returning to sports, making it a widely accepted timeline. This preventive measure supports the health and safety of all participants involved in team sports settings.

4. What genetic disorder is associated with a mutation on the X chromosome?

A. Down syndrome

B. Fragile X syndrome

C. Cystic fibrosis

D. Turner syndrome

Fragile X syndrome is indeed associated with a mutation on the X chromosome, specifically in the FMR1 gene. This genetic disorder is characterized by its impact on cognitive development and can lead to various degrees of intellectual disability, behavioral issues, and distinct physical features. The mutation involves an expansion of a CGG trinucleotide repeat within this gene, which affects the production of a protein vital for normal neuronal function. In contrast, Down syndrome is caused by an extra copy of chromosome 21, cystic fibrosis is linked to mutations in the CFTR gene located on chromosome 7, and Turner syndrome is a condition that occurs in females who have a complete or partial absence of one of the two X chromosomes. Understanding these details illustrates the unique link between Fragile X syndrome and its specific genetic basis on the X chromosome compared to the other disorders mentioned.

5. Which government body created the School Health Index?

A. U.S. Department of Education

B. Center for Disease Control and Prevention

C. American Medical Association

D. National Institute of Health

The School Health Index was developed by the Centers for Disease Control and Prevention (CDC) as a self-assessment and planning tool for schools. It helps schools to evaluate their health and safety policies and programs, including areas such as nutrition, physical activity, and mental health. The CDC focuses on promoting youth health and improving the educational environment, which aligns with the goals of the School Health Index. By using this tool, schools can identify strengths and weaknesses in their health programs and make informed decisions to enhance the well-being and academic performance of their students. This connection to public health and education is a fundamental aspect of the CDC's mission, underscoring the relevance of the School Health Index in the promotion of student health in the school setting.

6. Which of the following symptoms would be indicative of a respiratory condition in children?

A. Persistent abdominal pain

B. Frequent coughing and wheezing

C. Increased heart rate during exercise

D. Loss of sensation in limbs

Frequent coughing and wheezing are classic indicators of respiratory conditions in children, such as asthma, bronchitis, or respiratory infections. Coughing can be a natural reflex in response to irritation in the airways, while wheezing—characterized by a whistling or squeaky sound during breathing—often occurs when airflow is obstructed in the bronchioles due to inflammation or constriction. These symptoms are essential for identifying respiratory issues and warrant further evaluation and management in a clinical setting. Persistent abdominal pain may suggest gastrointestinal problems rather than respiratory ones, while increased heart rate during exercise is a normal physiological response not specific to respiratory conditions. Loss of sensation in limbs points towards neurological issues and does not relate to respiratory function. Understanding these distinctions helps in the recognition of respiratory symptoms and in determining the appropriate interventions or referrals needed for the child.

7. What is the primary cause of Peptic Ulcer Disease in children?

A. Stress

B. H. pylori infection

C. Excessive spicy food consumption

D. Food allergies

The primary cause of Peptic Ulcer Disease in children is H. pylori infection. Helicobacter pylori is a type of bacteria that can infect the stomach lining and is known to contribute significantly to the development of peptic ulcers. Research indicates that these bacteria disrupt the protective mucous layer of the stomach, allowing gastric acid to damage the underlying tissue, which can lead to ulcer formation. While stress, excessive consumption of spicy foods, and food allergies can influence gastrointestinal health and contribute to digestive discomfort, they are not the primary causes of peptic ulcers in the pediatric population. In fact, the role of stress in ulcer development is often overstated, and dietary factors alone, such as spicy foods, do not typically lead to the formation of ulcers unless an underlying condition, such as an H. pylori infection, is present. Understanding the correct primary cause is crucial for effective diagnosis and treatment, especially in school health settings, where early identification can lead to better health outcomes for children.

8. At what age should children typically transition from the back seat to the front seat in a vehicle?

A. 12 years old

B. 13 years old

C. 10 years old

D. 15 years old

The correct age for children to transition from the back seat to the front seat of a vehicle is typically at 13 years old. This recommendation aligns with safety guidelines from organizations such as the American Academy of Pediatrics. Children are more vulnerable in a vehicle's front seat due to the proximity to airbags and the impact of front-end collisions. As children reach the age of 13, they are generally better able to understand the risks associated with riding in the front seat and the appropriate use of seat belts. Moreover, many safety regulations and recommendations emphasize that children should remain in the back seat until they are at least 12 years old due to the increased protection the rear seat provides in a crash. Thus, transitioning at 13 allows for a balance between the child's physical development and the safety measures in place. This makes it not just a matter of age, but also of developmental readiness and safety compliance.

9. What does the acronym HEEADSSS stand for in health assessments?

A. Housing, eating, exercise, drugs, safety, sexuality, suicide

B. Home, education, activities, drugs, safety, sexuality, suicide

C. Health, education, employment, addiction, safety, support, survival

D. Home, education, eating, activities, drugs, sleep, stress

The acronym HEEADSSS is a well-established tool used in adolescent health assessments, standing for Home, Education, Activities, Drugs, Safety, Sexuality, and Suicide. This framework helps healthcare providers gather comprehensive information about a young person's life, allowing them to better understand the context of the adolescent's health and well-being. The correct answer captures essential aspects of an adolescent's environment and social circumstances. Home represents the adolescent's living situation, which can influence their overall health. Education pertains to the individual's academic experience and challenges. Activities highlight the engagement in recreational or social pursuits that are crucial for healthy development. Drugs refer to the use or potential abuse of substances, an important consideration in adolescent health. Safety encompasses the physical and emotional safety of the adolescent, while sexuality addresses sexual health and relationships. Lastly, suicide refers to the mental health aspect and the need to assess any risk the adolescent may face. The other options present variations that do not accurately reflect the components of HEEADSSS. While some terms may relate to adolescent health, they do not encompass the full range of necessary topics. This highlights the importance of using the correct terminology when assessing health in adolescents, ensuring a thorough understanding of their needs.

10. According to Erikson's theory, the stage of autonomy vs. shame and doubt occurs at what age range?

A. 1-3 years

B. 3-6 years

C. 6-11 years

D. 12-17 years

Erikson's theory of psychosocial development outlines various stages that individuals go through as they grow. The stage of autonomy vs. shame and doubt occurs during the ages of 1 to 3 years. During this stage, toddlers begin to develop a sense of personal control over physical skills and a sense of independence. Successful resolution of this stage fosters autonomy, as children learn to do things for themselves, such as toilet training and basic self-care. In contrast, failure to achieve this autonomy can lead to feelings of shame and doubt about their abilities, which can impact their confidence as they grow. The emphasis on fostering independence in this early development stage is crucial; it helps establish a foundation for subsequent stages in Erikson's framework, ultimately influencing the individual's sense of self in future interactions and challenges. This focus on early childhood is distinct from other stages, such as initiative vs. guilt (ages 3-6 years), industry vs. inferiority (ages 6-11 years), and identity vs. role confusion (ages 12-17 years), which address different developmental issues and tasks appropriate for those age groups.