VATI Nursing Care of Children Practice Exam (Sample)

Study Guide

Everything you need from our exam experts!

Questions

1. **Which key detail should NOT be included in a child's discharge instructions?**
   - **A. Medication schedules**
   - **B. Signs of complications**
   - **C. Favorite team statistics**
   - **D. Follow-up appointments**

2. **How much acetaminophen should a nurse administer to a child weighing 28 lbs if the dosage is 10 mg/kg?**
   - **A. 4.5 mL**
   - **B. 5.3 mL**
   - **C. 6.0 mL**
   - **D. 3.2 mL**

3. **What should parents be educated about regarding pediatric dental care?**
   - **A. The importance of regular dental visits**
   - **B. Proper brushing techniques**
   - **C. Avoiding sugary snacks**
   - **D. All of the above**

4. **What instruction should a nurse give guardians to prevent diaper dermatitis?**
   - **A. Change diapers once a day**
   - **B. Apply cream after every change**
   - **C. Change diapers as soon as they become soiled with feces, including during the night**
   - **D. Use cloth diapers exclusively**

5. **What is the recommended fluid bolus for children presenting with dehydration?**
   - **A. 10 mL/kg of hypotonic solution**
   - **B. 15 mL/kg of isotonic solution**
   - **C. 20 mL/kg of isotonic solution**
   - **D. 25 mL/kg of hypertonic solution**

6. What is the recommended action for managing a child with a high fever and shivering?

A. Administer antipyretics and monitor temperature

B. Apply cold packs and provide warm fluids

C. Encourage bed rest and limit activity

D. Use warm compresses to reduce shivering

7. What is the typical age range for a child to develop language skills?

A. 0-1 years

B. 1-3 years

C. 3-5 years

D. 5-7 years

8. What are some potential side effects of vaccines commonly given to children?

A. Increased energy and growth spurts

B. Local reactions, fever, irritability, and rare allergic reactions

C. Immediate immunity from all diseases

D. Significant weight gain over the next month

9. What factor does NOT contribute to childhood obesity?

A. Poor diet

B. Genetic predisposition

C. Regular physical activity

D. Socioeconomic factors

10. At what age does a child typically start to walk independently?

A. 8-10 months

B. 10-12 months

C. 12-15 months

D. 15-18 months

Answers

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

Explanations

1. Which key detail should NOT be included in a child's discharge instructions?

A. Medication schedules

B. Signs of complications

C. Favorite team statistics

D. Follow-up appointments

Including relevant details in a child's discharge instructions is essential for ensuring ongoing care and recovery. Medication schedules inform caregivers when and how to give prescribed medications, which is crucial for the child's health post-discharge. Signs of complications help the caregivers recognize any issues that may arise, allowing for timely intervention if the child's condition worsens. Follow-up appointments provide a clear plan for ongoing care and assessment of the child's recovery. In contrast, favorite team statistics do not pertain to the child's medical care or recovery process. While it may be enjoyable information, it lacks relevance in the context of post-discharge instructions and can distract from the essential care information that caregivers need to support the child's health and well-being.

2. How much acetaminophen should a nurse administer to a child weighing 28 lbs if the dosage is 10 mg/kg?

A. 4.5 mL

B. 5.3 mL

C. 6.0 mL

D. 3.2 mL

To determine the correct dosage of acetaminophen for a child weighing 28 lbs, the first step is to convert the weight from pounds to kilograms, since the dosage is given in mg/kg. The conversion factor is that 1 kg is approximately 2.2 lbs. Calculating the weight in kilograms: 28 lbs ÷ 2.2 lbs/kg = 12.73 kg (approximately 12.7 kg when rounded) Next, using the prescribed dosage of 10 mg/kg: 12.7 kg × 10 mg/kg = 127 mg of acetaminophen. Now, it's important to consider the concentration of the liquid acetaminophen being used for administration. Often, the concentration is given in mg/mL. If we assume that the acetaminophen solution is typically available in a concentration of 160 mg/5 mL (which is common), we can set up our calculation based on this concentration: First, find out how much volume corresponds to the 127 mg of acetaminophen needed: If 160 mg is in 5 mL, then: 127 mg would be calculated as follows: (127 mg) × (5 mL / 160 mg) = 3.96 mL

3. What should parents be educated about regarding pediatric dental care?

A. The importance of regular dental visits

B. Proper brushing techniques

C. Avoiding sugary snacks

D. All of the above

Parents should be educated about the importance of comprehensive pediatric dental care, which encompasses all aspects mentioned in the options. Regular dental visits are crucial as they allow for the early detection of dental issues, proper monitoring of the child's dental development, and professional cleanings to prevent cavities and gum disease. Educating parents about proper brushing techniques ensures that children are maintaining appropriate oral hygiene at home, which is vital for preventing tooth decay and establishing good habits early on. Additionally, guidance on avoiding sugary snacks is essential because a diet high in sugar contributes significantly to dental caries among children. By addressing all these components, parents can understand the multifaceted approach needed for effective dental care, promoting overall oral health in their children. This holistic education empowers them to take proactive measures, ensuring that their child's teeth and gums remain healthy as they grow.

4. What instruction should a nurse give guardians to prevent diaper dermatitis?

A. Change diapers once a day

B. Apply cream after every change

C. Change diapers as soon as they become soiled with feces, including during the night

D. Use cloth diapers exclusively

Changing diapers as soon as they become soiled with feces is crucial in preventing diaper dermatitis. When feces are left against the skin, they can cause irritation and inflammation due to the moisture and the enzymatic activity of urine and stool. Immediate removal of soiled diapers minimizes the duration of exposure to irritants, significantly reducing the risk of skin breakdown and irritation. It is also important to note that while some practices, like using creams or choosing certain types of diapers, can support skin health, they do not address the fundamental issue of keeping the skin clean and dry. For instance, applying cream after every change can be beneficial, but if the diaper is not changed promptly when soiled, the cream may not be sufficient to prevent dermatitis. Similarly, while cloth diapers may have benefits for some, using them exclusively does not inherently prevent diaper rash without regular changes. Finally, changing diapers once a day is inadequate, as frequent changes are necessary to maintain skin integrity and hygiene.

5. What is the recommended fluid bolus for children presenting with dehydration?

A. 10 mL/kg of hypotonic solution

B. 15 mL/kg of isotonic solution

C. 20 mL/kg of isotonic solution

D. 25 mL/kg of hypertonic solution

The recommended fluid bolus for children presenting with dehydration is 20 mL/kg of isotonic solution. This choice is based on the need to quickly restore intravascular volume and improve tissue perfusion in children who are dehydrated. Isotonic solutions, such as normal saline or lactated Ringer's, effectively replace lost fluids without causing osmotic imbalances. When a child is dehydrated, they typically have a deficit of both water and electrolytes. Administering an isotonic solution allows for effective rehydration while maintaining normal osmotic balance. The volume of 20 mL/kg is a standard recommendation that reflects the urgent need to restore fluid levels responsibly and safely. Other types of solutions, such as hypotonic or hypertonic solutions, are not appropriate for bolusing in the initial management of dehydration. Hypotonic solutions could further exacerbate hyponatremia and other electrolyte imbalances, while hypertonic solutions may lead to fluid overload and worsen dehydration. The choice of isotonic solution at this specific volume ensures rapid and effective treatment to stabilize the child's condition.

6. What is the recommended action for managing a child with a high fever and shivering?

A. Administer antipyretics and monitor temperature

B. Apply cold packs and provide warm fluids

C. Encourage bed rest and limit activity

D. Use warm compresses to reduce shivering

Administering antipyretics and monitoring the temperature is the recommended action for managing a child with a high fever and shivering. Antipyretics, such as acetaminophen or ibuprofen, help to lower the fever and alleviate discomfort associated with high temperatures. By effectively reducing the fever, the child's body can better manage the underlying cause of the fever, whether it be an infection or another condition. Monitoring the temperature is equally important, as it allows for assessing the effectiveness of the antipyretic treatment and ensuring that the fever does not rise to dangerous levels. It's crucial to be attentive to any changes in the child's condition, as persistent high fever may indicate the need for further medical evaluation. While other interventions, such as applying cold packs, providing warm fluids, or encouraging bed rest may help in specific situations, they do not directly address the immediate need to reduce fever effectively. Cold packs might lead to discomfort or shivering, and warm fluids would not be advisable for a child who is already shivering due to a fever. Thus, using antipyretics and closely monitoring the child is the most appropriate and effective approach in this case.

7. What is the typical age range for a child to develop language skills?

A. 0-1 years

B. 1-3 years

C. 3-5 years

D. 5-7 years

The typical age range for a child to develop language skills focuses primarily on the significant milestones that occur between 1 to 3 years. During this period, children undergo rapid language development, marked by the transition from single words to simple sentences. By around 12 to 15 months, many children start saying their first words, and between 18 to 24 months, they may begin to combine words into two-word phrases, such as "more juice" or "go car." This two-word stage is crucial as it indicates the child's understanding of grammar and syntax. From 2 to 3 years, there's usually a substantial increase in vocabulary—often exceeding 200 words—and children begin to form more complex sentences. They typically can follow simple instructions and can engage in basic conversations. While language development does continue beyond this age range, the foundational skills most clearly emerge during the 1 to 3 years timeframe, making it the most critical period for developing these important communication skills.

8. What are some potential side effects of vaccines commonly given to children?

A. Increased energy and growth spurts

B. Local reactions, fever, irritability, and rare allergic reactions

C. Immediate immunity from all diseases

D. Significant weight gain over the next month

Vaccines commonly administered to children can result in a variety of side effects that are generally mild and temporary. Local reactions, such as redness, swelling, or tenderness at the injection site, are common and indicate that the body is responding to the vaccine. Additionally, it is not unusual for children to experience a mild fever or irritability after receiving a vaccine, as these are signs of the body's immune response. Although rare, allergic reactions can also occur, highlighting the importance of monitoring the child for any unexpected symptoms following vaccination. Understanding these potential side effects helps caregivers prepare and manage any minor discomfort that may result from immunizations, ensuring that parents feel informed and confident about the vaccination process.

9. What factor does NOT contribute to childhood obesity?

A. Poor diet

B. Genetic predisposition

C. Regular physical activity

D. Socioeconomic factors

Regular physical activity is the factor that does not contribute to childhood obesity. In fact, engaging in regular physical activity plays a significant role in maintaining a healthy weight and promoting overall health in children. It helps to burn calories, build muscle, and support metabolic processes. When children are physically active, they are less likely to accumulate excess body fat, which is a key driver of obesity. On the other hand, poor diet, genetic predisposition, and socioeconomic factors all increase the risk of childhood obesity. A poor diet, characterized by high caloric intake with low nutritional value, contributes significantly to weight gain. Genetic predisposition can influence a child's body weight and the likelihood of becoming obese due to hereditary factors affecting metabolism or appetite regulation. Socioeconomic factors can impact access to healthy food options, opportunities for physical activity, and overall lifestyle, further contributing to the risk of childhood obesity.

10. At what age does a child typically start to walk independently?

A. 8-10 months

B. 10-12 months

C. 12-15 months

D. 15-18 months

A child typically begins to walk independently around 10 to 12 months of age. This developmental milestone varies among individuals, but this time frame is considered the average range. At around 10 months, many children may start pulling themselves up to stand and may take a few tentative steps while holding onto furniture. By 12 months, most children show increased confidence and balance, allowing them to walk independently without support. Children in the earlier range of 8 to 10 months are usually at the stage of cruising or taking steps while holding on to furniture, which is a precursor to independent walking. By 12 to 15 months, while many children are walking independently, this range represents a continuation of the skill development and not the initial independence in walking. Similarly, the 15 to 18 months range indicates a greater sophistication in walking but is not the typical onset age for this skill. Thus, the 10 to 12 months range is recognized as the age when many children achieve this significant milestone.