

ATI PEDIATRIC PROCTORED EXAM: Book & Assessments A & B 2024-2025. Real Questions & Answers.

A guardian calls the clinic nurse after his child has developed symptoms of varicella and asks when the child will no longer be contagious. Which of the following responses should the nurse make?

- A. "When your child no longer has a fever."
- B. "Three days after the rash started."
- C. "Six days after lesions appear if they are crusted."
- D. "When your child's lesions disappear." - ans "Six days after lesions appear if they are crusted."

A nurse caring for a child who is receiving oxygen therapy and is on a continuous oxygen saturation monitor that is reading 89%. Which of the following actions should the nurse take first?

- A. Increase the oxygen flow rate
- B. Encourage the child to take deep breaths
- C. Ensure proper placement of the sensor probe
- D. Place the child in the Fowler's position - ans Ensure proper placement of the sensor probe

A nurse has just received change-of-shift report for four children in a pediatric unit. Which of the following children should the nurse collect data from first?

- A. A child who is 2 days postoperative following an appendectomy and reports incisional pain
- B. A child who has a new diagnosis of diabetes mellitus and HbA1c level of 7.5%
- C. A child who has a fever and nuchal rigidity
- D. A child who experienced a seizure 1 hr ago and is resting - ans A child who has a fever and nuchal rigidity

A nurse in a clinic is collecting data from an adolescent who has received all recommended immunizations through the age of 6 years. Which of the following immunizations should the nurse plan to administer?

- A. Haemophilus influenza type b (Hib)
- B. Rotavirus (RV)
- C. Polio (IPV)
- D. Tetanus, diphtheria toxoids, and acellular pertussis (Tdap) - ans Tetanus, diphtheria toxoids, and acellular pertussis (Tdap)

A nurse in a pediatric clinic is collecting data from an infant who recently started taking digoxin. Which of the following manifestations should the nurse identify as an indication of digoxin toxicity and report to the provider?

- A. irritability
- B. diaphoresis
- C. vomiting
- D. tachycardia - ans vomiting

A nurse in a pediatric clinic is collecting data from an infant who was recently exposed to pertussis. The nurse should recognize which of the following as a manifestation of pertussis?

- A. Dry cough
- B. Abdominal pain
- C. Muscle stiffness
- D. Swollen eyelids - ans dry cough

A nurse in a pediatric clinic is observing for an anaphylactic reaction after administering an IM antibiotic to a child 5 min ago. Which of the following manifestations should the nurse expect to observe first?

- A. wheezing
- B. angioedema
- C. hives
- D. hypotension - ans hives

A nurse in a pediatric is talking on the telephone with the parent of a 6 month who has a urinary tract infection and started taking an oral antibiotic the day before. Listen to the audio clip and determine which of the following responses the nurse should make.

- A. "Mix the medicine with 1/4 cup of juice before giving it to your baby."
- B. "Mix the medicine with 1 teaspoon of honey before giving it to your baby."
- C. "Mix the medicine with 1/4 cup of formula before giving it to your baby."
- D. "Mix the medicine with 1 teaspoon of applesauce before giving it to your baby." - ans "Mix the medicine with 1 teaspoon of applesauce before giving it to your baby."

A nurse in a provider's office is caring for a preschooler who has findings of croup. Which of the following statements by the parent requires immediate intervention by the nurse?

- A. "My child has refused to drink any fluid for the past hours."
- B. "My child has been coughing throughout the night."
- C. "My child is very hoarse and has a fever by 100.4 degrees Fahrenheit."
- D. "My child recently had the flu." - ans "My child has refused to drink any fluid for the past hours."

- E. Encourage gargling with a warm saline mouthwash - ans1. Offer soft foods
2. Use a soft, disposable toothbrush for oral care
3. Encourage gargling with a warm saline mouthwash

A nurse is assisting with the care for a child who has thrombocytopenia following chemotherapy. Which of the following actions should the nurse take? (select all that apply)

- A. Monitor for manifestations of bleeding
B. Administer routine immunizations
C. Obtain rectal temperatures
D. Avoid peripheral venipunctures
E. Limit visitors - ans1. Monitor for manifestations of bleeding
2. Avoid peripheral venipunctures

A nurse is assisting with the care for a toddler who has a Wilms' tumor. Which of the following actions should the nurse take?

- A. Palpate the child's abdomen to identify the size of the tumor
B. Assist with preparing the child for surgery
C. Reinforce teaching with the guardians about dialysis
D. Obtain a 24 hr urine specimen from the child - ans1. Assist with preparing the child for surgery

A nurse is assisting with the care of a 2 year old child who has a heart defect and is scheduled for cardiac catheterization. Which of the following actions should the nurse take?

- A. Place on NPO status for 12 hr prior to the procedure
B. Check for iodine or shellfish allergies prior to the procedure
C. Elevate the affected extremity following the procedure
D. Limit fluid intake following the procedure - ans1. Check for iodine or shellfish allergies prior to the procedure

A nurse is assisting with the care of a 4 year old child who is prescribed an IV medication preoperatively. Which of the following techniques should the nurse use to assist the child to cope with this procedure (select all that apply)

- A. Discuss benefits of the procedure
B. Provide the child with a detailed explanation of the procedure
C. Implement interactive sessions of 30 min
D. Give the child needless IV supplies to play with
E. Allow the child to perform the procedure with a doll - ans1. Discuss benefits of the procedure
2. Give the child needless IV supplies to play with
3. Allow the child to perform the procedure with a doll

A nurse is assisting with the care of a child in the postoperative period following a tonsillectomy. Which of the actions should the nurse take?

- A. Encourage the child to blow their nose gently
- B. Administer analgesic on a schedule
- C. Offer orange juice
- D. Position the child supine - ansAdminister analgesic on a schedule

A nurse is assisting with the care of a child who has tonic-clonic seizures. Which of the following actions should the nurse take?

- A. Ensure the availability of soft extremity restraints
- B. Place a padded tongue blade at the bedside
- C. Have a suction canister and tubing available in the room
- D. Keep the child's bed in the highest position - ansHave a suction canister and tubing available in the room

A nurse is assisting with the care of a child who is receiving a blood transfusion. Which of the following findings indicates the child is having a hemolytic reaction?

- A. Chills and flank pain
- B. Pruritus and flushing
- C. Rales and cyanosis
- D. Bradycardia and diaphoresis - anschills and flank pain

A nurse is assisting with the care of a client who has a major burn and is experiencing severe pain. Which of the following actions should the nurse take?

- A. Monitor morphine sulfate IV
- B. Monitor meperidine IM
- C. Administer acetaminophen PO
- D. Administer hydrocodone PO - ansMonitor morphine sulfate IV

A nurse is assisting with the care of a client who has suspected meningitis and a decreased level of consciousness. Which of the following actions should the nurse take?

- A. Place the client on NPO status
- B. Prepare the client for a liver biopsy
- C. Position the client dorsal recumbent
- D. Put the client in a protective environment - ansPlace the client on NPO status

A nurse is assisting with the care of a school-age child who has congestive heart failure and is receiving digoxin. Which of the following manifestations should the nurse report to the provider?

- A. potassium 3 mEq/L
- B. decreased edema
- C. heart rate 90/min
- D. peripheral pulses 3+ - ans potassium 3 mEq/L

A nurse is assisting with the care of an adolescent following a cardiac catheterization. Which of the following is the priority finding the nurse should report to the provider?

- A. Reports of pain 4 out of 10 on the pain scale
- B. Heart rate 104/min
- C. Distal pulse 1+
- D. Bleeding noted on the dressing - ans Bleeding noted on the dressing

A nurse is assisting with the care of an infant who has a myelomeningocele. Which of the following actions should the nurse take?

- A. Encourage the guardian to cuddle the infant
- B. Monitor the infant's temperature rectally
- C. Maintain the infant in a supine position
- D. Apply a sterile, moist dressing on the sac - ans Apply a sterile, moist dressing on the sac

A nurse is assisting with the care of an infant who has just returned from PACU following cleft lip and palate repair. Which of the following actions should the nurse take?

- A. Remove the packing in the mouth
- B. Place the infant in an upright position
- C. Offer a pacifier with sucrose
- D. Observe the mouth with a tongue blade - ans Place the infant in an upright position

A nurse is assisting with the development of a health promotion program for the guardians of adolescents. Which of the following information about adolescents should the nurse recommend to include in the program?

- A. The sleep patterns of adolescents are well established
- B. The percentage of adolescents that consider suicide is higher for males than for females
- C. The leading cause of death in adolescents is physical injury
- D. The caloric intake needs of adolescence are less than that of school-age children - ans The leading cause of death in adolescents is physical injury

A nurse is assisting with the development of an in-service about viral and bacterial meningitis. The nurse should include that the introduction of which of the following

A nurse is caring for a school-age child who has acute glomerulonephritis. Which of the following findings should the nurse report to the provider?

- A. BUN 8 mg/dL
- B. Blood creatinine 1.3 mg/dL
- C. Blood pressure 100/74 mm Hg
- D. Urine output 550 mL 24 hr - ans Blood creatinine 1.3 mg/dL

A nurse is caring for a school-age child who has been admitted to the facility in sickle cell crisis. The nurse is measuring the child's oral intake for the shift. The child consumed 4 oz of juice at breakfast. For lunch, the child consumed 6 oz of milk, 6 z of gelatin, and drank 7 oz of water. What is the child's oral intake for this shift in milliliters? (round to the nearest whole number) - ans 690 ml

of oz x 30 = mL

A nurse is caring for a school-age child who has skeletal traction applied to the right lower leg to repair a femur fracture. Which of the following findings is the priority for the nurse to report to the provider?

- A. report of tingling in the right foot
- B. pain rating of 7 on a scale of 0 to 10
- C. decrease in food intake
- D. increase in crusting at pin sites - ans report of tingling in the right foot

A nurse is caring for a school-age girl who is being treated for a frequent, severe urinary tract infections (UTIs). The nurse should recognize that which of the following statements by the parent indicates a possible cause of the UTIs?

- A. "My daughter has bowel movements every 4 to 5 days."
- B. "I taught her to wipe from front to back after going to the bathroom."
- C. "She urinates every 2 to 3 hours during the day."
- D. "I don't let her wear nylon underwar." - ans "My daughter has bowel movements every 4 to 5 days."

A nurse is caring for a toddler following a tonsillectomy. Which of the following is the priority finding that the nurse should report to the provider?

- A. Drowsiness
- B. Throat pain
- C. Continuous swelling
- D. Dark brown emesis - ans continuous swelling

- A. Increase in hunger
- B. Irritability
- C. Decrease in urination
- D. Vomiting
- E. Fever - ans1. Irritability
- 2. Vomiting
- 3. Fever

A nurse is collecting data from an infant who has acute otitis media. Which of the following findings should the nurse expect? (select all that apply)

- A. Decreased pain in the supine position
- B. Rolling head side to side
- C. Loss of appetite
- D. Increased sensitivity to sound
- E. Crying - ans1. Rolling head side to side
- 2. Loss of appetite
- 3. Crying

A nurse is collecting data from an infant who has coarctation of the aorta. Which of the following findings should the nurse expect? (select all that apply)

- A. Weak femoral pulses
- B. Cool skin of lower extremities
- C. Severe cyanosis
- D. Clubbing of the fingers
- E. Low blood pressure - ans1. Weak femoral pulses
- 2. Cool skin of lower extremities
- 3. Low blood pressure

A nurse is collecting data from an infant who has eczema. Which of the following findings should the nurse expect? (select all that apply)

- A. Generalized distribution of lesions
- B. Papules
- C. Ecchymosis in flexural areas
- D. Crusting lesions
- E. Keratosis pilaris - ans1A. Generalized distribution of lesions
- 2. Papules
- 3. Crusting lesions

A nurse is collecting data from an infant who has heart failure. Which of the following findings should the nurse expect? (select all that apply)

- A. Bradycardia
- B. Cool extremities

A nurse is preparing to administer medication to a toddler. Which of the following actions should the nurse take? (select all that apply)

- A. Identify the toddler by asking the caregiver
- B. Tell the caregiver to administer the medication
- C. Calculate the safe dosage
- D. Ask the toddler to pick a toy to hold during administration
- E. Offer juice after medication - ans1. Calculate the safe dosage
2. Ask the toddler to pick a toy to hold during administration
3. Offer juice after medication

A nurse is preparing to administer ophthalmic drops to a child. Which of the following action should the nurse take?

- A. Position the child with his head flexed while administering the medication
- B. Apply pressure to the lacrimal punctum for 1 min following administration
- C. Hold the dropper 5 cm (2 in) above the eye to administer the medication
- D. Wipe the excess medication toward the inner canthus with a cotton swab - ansApply pressure to the lacrimal punctum for 1 min following administration

A nurse is preparing to administer phenobarbital to a toddler who has a seizure disorder and weighs 10 kg (22 lb). The prescription reads phenobarbital sodium 2.5 mg/kg PO BID. Available is phenobarbital 20 mg/5 mL. How many mL should the nurse administer with each dose? (Round to the nearest hundredth) - ans0.25

A nurse is preparing to administer the varicella vaccine to an adolescent. Which of the following questions should the nurse ask to determine whether there is a contraindication to administering the vaccine?

- A. "Do you have an allergy to eggs?"
- B. "Have you ever had encephalopathy following immunizations?"
- C. "Are you currently taking corticosteroid medication?"
- D. "Have you ever had an anaphylactic reaction to yeast?" - ansAre you currently taking corticosteroid medication?"

A nurse is preparing to assist a provider with a lumbar puncture for a school-aged child. Which of the following actions is the nurse's priority?

- A. Labeling collected specimens
- B. Providing reassurance to the child
- C. Maintaining the child's position
- D. Monitoring the child's vital signs - ansMaintaining the child's position

A nurse is preparing to assist the charge nurse with discussing risk factors for asthma with a group newly licensed nurses. Which of the following conditions should the nurse include in the teaching?

- A. Family history of asthma
 - B. Family history of allergies
 - C. Exposure to smoke
 - D. Low birth weight
 - E. Being underweight - ans
1. Family history of asthma
 2. Family history of allergies
 3. Exposure to smoke
 4. Low birth weight

A nurse is preparing to examine a preschooler during a well-child visit. Which of the following actions should the nurse take to prepare the child?

- A. Allow the child to role-play using miniature equipment
 - B. Use medical terminology to describe what will happen
 - C. Separate the child from the caregiver during the examination
 - D. Keep medical equipment visible to the child - ans
- Allow the child to role-play using miniature equipment

A nurse is preparing to leave the room after performing nasal suctioning for an infant who has respiratory syncytial virus (RSV). Identify the sequence in which the nurse should remove the following personal protective equipment (PPE).

- A. Mask
 - B. Gloves
 - C. Gown
 - D. Goggles - ans
1. gloves
 2. goggles
 3. gown
 4. mask

A nurse is preparing to obtain a peak expiratory flow rate from an adolescent. Which of the following actions should the nurse take?

- A. Document the average of the client's three attempts
 - B. Instruct the client to exhale slowly over 5 seconds into the meter
 - C. Determine the zone according to the client's age
 - D. Have the client stand during the procedure - ans
- Have the client stand during the procedure

A nurse is preparing to reinforce treatment options with the guardian of a child who has worsening seizures. Which of the following treatment options should the nurse include in the discussion? (select all that apply)

- A. Vagal nerve stimulator
- B. Additional antiepileptic medications

A nurse is reinforcing teaching with the guardian of a child who has a new diagnosis of enterobiasis. The nurse should advise the guardian to take which of the following actions to prevent infection?

- A. Dress the child in two-piece sleeping outfits
- B. Trim the child's fingernails short
- C. Have the child take a tub bath daily
- D. Repeat treatment in 4 weeks - ans Trim the child's fingernails short

A nurse is reinforcing teaching with the guardian of a child who has a new diagnosis of rheumatic fever. Which of the following statements by the guardian indicates an understanding of the teaching?

- A. "I should not give my child aspirin for pain or fever."
- B. "My child will take antibiotics for 6 months."
- C. "My child might have a period of irregular movement of the extremities."
- D. "I should expect there to be blood in my child's urine." - ans "My child might have a period of irregular movement of the extremities."

A nurse is reinforcing teaching with the guardian of a child who has a urinary tract infection. Which of the following instructions should the nurse include? (select all that apply)

- A. Wear nylon underpants
- B. Avoid bubble baths
- C. Empty bladder completely with each void
- D. Watch for manifestations of infection
- E. Wipe perineal area back to front - ans 1. Avoid bubble baths
2. Empty bladder completely with each void
3. Watch for manifestations of infection

A nurse is reinforcing teaching with the guardian of a child who has growth hormone deficiency. Which of the following complications of untreated growth hormone deficiency should the nurse include? (select all that apply)

- A. Delayed sexual development
- B. Premature aging
- C. Advanced bone age
- D. Short stature
- E. Increased epiphyseal closure - ans 1. Delayed sexual development
2. Premature aging
3. Short stature

A nurse is reinforcing teaching with the guardian of a child who has HIV. Which of the following information should the nurse include? (select all that apply)

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- C. Use a bottle with a one way valve
- D. Position baby upright after feedings
- E. Use a wide-based nipple for feedings - ans1. Offer frequent feedings
- 2. Thicken formula with rice cereal
- 3. Position baby upright after feedings

A nurse is reinforcing teaching with the guardian of an infant who has Down syndrome. Which of the following instructions should the nurse include to decrease the child's risk of an upper respiratory infection?

- A. rinse the infant's mouth with water before feeding
- B. limit the infant's fluid intake
- C. use a cool mist vaporizer in the infant's room
- D. avoid applying lip balm to the infant's lips - ansuse a cool mist vaporizer in the infant's room

A nurse is reinforcing teaching with the guardian of an infant who has Down syndrome. Which of the following statements by the guardian indicates an understanding of the teaching?

- A. "I should expect him to have frequent diarrhea."
- B. "I should place a cool mist humidifier in his room."
- C. "I should avoid the use of lotion on his skin."
- D. "I should expect him to grow faster in length than other infants." - ans"I should place a cool mist humidifier in his room."

A nurse is reinforcing teaching with the guardian of an infant who has seborrheic dermatitis of the scalp. Which of the following instructions should the nurse include?

- A. "You can use petrolatum to help soften and remove patches from your infant's scalp."
- B. "When patches are present, you should keep your infant away from others."
- C. "You should avoid washing your infant's hair while patches are present on the scalp."
- D. "When patches are present, it indicates that your infant has a systemic infection." - ans"You can use petrolatum to help soften and remove patches from your infant's scalp."

A nurse is reinforcing teaching with the guardians of a school-age child who has hearing loss. Which of the following techniques should the nurse recommend to facilitate communication with the child?

- A. Exaggerate the pronunciation of each word
- B. Keep hands still when speaking
- C. Stand away from child when speaking
- D. Use facial expressions when speaking - ansUse facial expressions when speaking