

## Chapter 1: Health Status of Children: Global and National Perspectives

1. Which region globally has the highest infant mortality rate?

- A. Indonesia
- B. Southern Asia
- C. Sub-Saharan Africa Correct**
- D. Syria

2. The primary care pediatric nurse practitioner understands that, to achieve the greatest worldwide reduction in child mortality from pneumonia and diarrhea, which intervention is most effective?

- A. Antibiotics
- B. Optimal nutrition
- C. Vaccinations Correct**
- D. Water purification

3. Which is true about the health status of children in the United States?

- A. Globalism has relatively little impact on child health measures in the U.S.
- B. Obesity rates among 2to5yearolds have shown a recent significant decrease. Correct**
- C. The rate of household poverty is lower than in other economically developed nations.
- D. Young children who attend preschool or day care have higher food insecurity.

4. The primary care pediatric nurse practitioner understands that a major child health outcome associated with worldwide climate change is

- A. cost of living.
- B. education.
- C. nutrition. Correct**
- D. pollution.

5. When providing well child care for an infant in the first year of life, the primary care pediatric nurse practitioner is adhering to the most recent American Academy of Pediatrics *Recommendations for Preventive Pediatric Health Care* guidelines by

- A. focusing less on development and more on illness prevention and nutrition.
- B. following guidelines established by the *Bright Futures* publication.
- C. scheduling wellbaby visits to coincide with key developmental milestones. Correct**
- D. seeing the infant at ages 2, 4, 6, and 12 months when immunizations are due.

## Chapter 2. Unique Issues in Pediatrics

1. A nurse is explaining the therapeutic milieu to a new nurse. The best explanation of this term would be:

1. The place where the child is receiving care.
2. Group therapy.
3. Personal interactions between patients and staff.
4. All of the above are correct. ANS: 4

2. A 16-year-old male has received a pink-slip from the police for inpatient psychiatric treatment. The teen has been expressing thoughts of hanging himself because Life sucks. The nursing staff should consider placing the child:

1. With peers.
2. In an area where he can be watched one-on-one.
3. With a roommate that is expressing the same concerns.
4. In an area close to an external door. ANS: 2

3. Learning disabilities in children have scientifically been linked to

1. Poor nutrition.
2. The environment in which the child lives.
3. Genetics.
4. Watching more than four hours of television a day. ANS: 3

4. A mental health nurse has assessed a child and determined that the child exhibits behavioral challenges.

When the school nurse explains this to a teacher, the best description would be:

.

1. The child may exhibit physical outbursts.
2. The child may exhibit violence toward others.
3. The child may be defiant or have tantrums.
4. The child will need special interventions for learning. ANS: 3

N. Intrapersonal

O. Organizational

6. The primary care pediatric nurse practitioner in a community health center meets a family who has recently immigrated to the United States who speak only Karon. They arrive in the clinic with a church sponsor, who translates for them. The pediatric nurse practitioner notices that the sponsor answers for the family without giving them time to speak. The pediatric nurse practitioner will

H. ask the sponsor to allow the family to respond.

I. develop the plan of care and ask the sponsor to make sure it is followed.

J. request that the sponsor translate written instructions for the family.

**K. use the telephone interpreter service to communicate with the family.**

**Correct**

7. The primary care pediatric nurse practitioner prescribes a twice daily inhaled corticosteroid for a 12-year-old child. At a well child visit, the child reports not using the medication on a regular basis. Which response by the pediatric nurse practitioner demonstrates an understanding of client centered care?

**A. Asking the child to describe usual daily routines and schedules. Correct**

I. Referring the family to a social worker to help with medication compliance

J. Reviewing the asthma action plan with the parent and the child

K. Teaching the child how the medication will help to control asthma symptoms

8. A primary care pediatric nurse practitioner working in a community health center wishes to develop a program to assist impoverished children and families to have access to healthy foods. Which strategy will the pediatric nurse practitioner employ to ensure the success of such a program?

**G. Asking community members to assist in researching and implementing a program. Correct**

H. Designing a community garden approach that involves children and their parents

I. Gaining support from the corporate community to provide needed resources

J. Providing evidence based information about the importance of a healthy diet

3. Contractures.

4. Tics. ANS: 2

20. Identify a therapeutic management technique for a child with a tic disorder.

1. Behavioral modification to suppress the tics
2. Administer anti-psychotic medications to reduce the tics
3. Education and support for the child and the family
4. Genetic counseling for the family ANS: 3

21. Identify a true statement about Tourettes Syndrome (TS) is that:

1. Manifestations rarely change once developed.
2. Children with TS do not have obsessive compulsive disorders.
3. The tics of TS can lead to mental deterioration.
4. The tics are involuntary, and the person cannot control the behavior. ANS: 4

22. The assessment a nurse performed on a 12-year-old boy demonstrated a positive Kernigs sign and a Brudzinkis sign. Identify the priority for the nurses next action.

1. Document the findings and note as normal.
2. Further assess the neurological function of the child and call the doctor with a report.
3. Explain to the patient that the assessment was abnormal and there is no a cause for concern.
4. Prepare the child for lumbar puncture. ANS: 2

23. Results from cerebrospinal fluid that was tested for meningitis have been received by the nurse.

The results indicate bacterial meningitis. The nurse knows this because the results show:

1. A low protein count and a low glucose count.
2. A low red blood cell count.
3. An elevated protein count and a low glucose level.
4. A normal protein count and a high glucose count. ANS: 3

2. 2 months, 4 months, 6 months and 1 year
3. 2 months, 4 months, 6 month, 9 months and 1 year
4. 2 months, 4 months, 9 months and 1 year ANS: 3

10. You are taking care of an infant who was admitted with dehydration. His weight is 6kg. You have been watching his I & Os. What would you expect the infants urinary output to be in order to maintain adequate hydration?

1. 0.52 ml/kg/hr 2. 0.52.5 ml/kg/hr
3. 13 ml/kg/hr
4. As long as he is having wet diapers it doesnt matter ANS: 3

11. A mother brings her newborn daughter to the ER with concerns that she is having vaginal bleeding. You know this is normal and called what?

1. Pseudomenstruation
2. Milia
3. Vernix caseosa
4. Toxicum ANS: 1

12. While interviewing the mother of an infant, you note that the mother gets frustrated as she explains that her baby has been up all night crying at least 3 times a week for the last 2 weeks. She states that she has tried everything and feels hopeless. What would be the BEST response from you as the nurse?

1. Believe me, I know. I have a newborn too.
2. Have you tried warm milk?
3. Its ok to be frustrated and feel overwhelmed.
4. You are doing nothing wrong. This can be a common occurrence in infants and you should not feel guilty. ANS: 4

12. The primary care pediatric nurse practitioner is evaluating recurrent stomach pain in a school age child. The child's exam is normal. The nurse practitioner learns that the child reports pain most evenings after school and refuses to participate in sports but does not have nausea or vomiting. The child's grandmother recently had gallbladder surgery. Which action is correct?

**A. Encourage the child to keep a log of pain, stool patterns, and dietary intake**

**Correct**

G. Order radiologic studies and laboratory tests to rule out systemic causes

H. Reassure the child and encourage resuming sports when symptoms subside

I. Refer the child to a counselor to discuss anxiety about health problems

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do first, and then doesn't do any assignments. The nurse practitioner tells the parent that this represents impairment in which executive function? A.

**Activation Correct**

H. Effort

I. Emotion

J. Focus

6. The primary care pediatric nurse practitioner is considering medication options for a schoolage child recently diagnosed with ADHD who has a primarily hyperactive presentation. Which medication will the nurse practitioner select initially?

A. Low dose stimulant

**B. Moderate dose stimulant Correct**

X. Lowdose nonstimulant

Y. Moderatedose nonstimulant

7. The parent of a 4yearold child reports that the child gets upset when the hall light is left on at night and won't leave the house unless both shoes are tied equally tight. The primary care pediatric nurse practitioner recognizes that this child likely has which type of sensory processing disorder?

A. Dyspraxia

**B. Overresponder Correct**

E. Sensory seeker

F. Underresponder

8. The parent of a preschoolage child who is diagnosed with a sensory processing disorder (SPD) asks the primary care pediatric nurse practitioner how to help the child manage the symptoms. What will the nurse practitioner recommend?

II. Establishing a reward system for acceptable behaviors JJ. Introducing the child to a variety of new experiences

**C. Maintaining predictable routines as much as possible Correct**

D. Providing frequent contact, such as hugs and cuddling

9. The primary care pediatric nurse practitioner is performing an examination on a 5yearold child who exhibits ritualistic behaviors, avoids contact with other children, and has limited speech. The

## Chapter 16. Breastfeeding Questions

1. The primary care pediatric nurse practitioner provides anticipatory guidance for a 6-month-old infant who is breastfed who takes 400 IU of vitamin D daily. The parent reports that the infant has begun taking cereals, fruits, and vegetables in addition to nursing. What will the nurse practitioner recommend to promote healthy nutrition?

QQ. Begin supplementing with iron.

**RR. Continue to nurse as long as desired. Correct**

SS. Discontinue the vitamin D supplement.

TT. Stop breastfeeding at 1 year of age.

2. The parent of a toddler tells the primary care pediatric nurse practitioner that the family has adopted a plant-based diet and the child is receiving rice and almond milk instead of cow's milk.

The nurse practitioner will counsel the parents about

TT. calcium deficiency.

UU. excess caloric intake.

VV. excess fat intake.

**WW. protein deficiency. Correct**

3. The parent of a 12-month-old infant asks the primary care pediatric nurse practitioner why 2% cow's milk is recommended instead of whole milk. What will the nurse practitioner tell this parent?

**Q. Whole milk is usually not fortified with vitamin D.**

**R. SS. 2% milk is higher in essential proteins and minerals.**

T. Young children don't need the extra calories found in whole milk.

**U. Younger children need a limited amount of fats. Correct**

4. The primary care pediatric nurse practitioner sees a 3-year-old child whose parents report is a picky eater in spite of their continued efforts to provide nutritious meals. The parents ask whether a multivitamin is necessary. How will the nurse practitioner respond?

**a. Ask the parents to provide a 3-day food diary. Correct**

b. . Prescribe a daily multivitamin with iron.

c. Reinforce the need to meet DRIs each day.

d. Tell them that supplements are unnecessary

D. Multivitamins with iron

**D. Vitamin D Correct**

7. The primary care pediatric nurse practitioner is examining a newborn who is breastfeeding and notes the presence of an ankyloglossia. What will the nurse practitioner do next?

**K. Ask the mother if the infant has any feeding difficulties. Correct**

L. Refer the infant for a possible frenulectomy.

M. Schedule an appointment with a lactation consultant. NN. Suggest that the mother feed breast milk by bottle.

8. The primary care pediatric nurse practitioner performs an initial well baby exam on a 1weekold infant who is breastfeeding and who is at birth weight. The mother tells the nurse practitioner that her baby is already sleeping 5 or 6 hours at night. What will the nurse practitioner recommend?

O. Consultation with a lactation specialist to assess intake

P. Pumping her breast during the night to maintain milk supply

Q. Supplementing the last feeding of the day with formula

**D. Waking the infant up at least every 3 hours to nurse Correct**

9. The mother of a newborn infant asks the primary care pediatric nurse practitioner about pumping her breasts when she returns to work in 2 months. What will the nurse practitioner include in teaching this mother?

**A. Frozen breast milk may be stored up to 3 months in a 0° F freezer. Correct**

H. Once she begins pumping the infant should drink only pumped breast milk.

I. Pumped breast milk must be discarded after 3 days when stored in the refrigerator.

J. Unused defrosted breast milk may be stored in the refrigerator for 48 hours.

10. The mother of a 2monthold infant tells the primary care pediatric nurse practitioner that she is afraid her breast milk is “drying up” because her baby never seems satisfied and wants to nurse all the time. Which action is correct?

HH. Recommend pumping her breasts after feedings.

II. Refer the mother to a lactation consultant.

JJ. Suggest supplementation with formula.

## Chapter 19. Physical Activity and Sports Questions

1. The primary care pediatric nurse practitioner counseling the parent of an overweight schoolage child about improving overall fitness. What will the nurse practitioner include?

**CCC. Encourage the child to begin by engaging in swimming or cycling. Correct**

DDD. Exercise will help lower total cholesterol and lowdensity lipoproteins.

EEE. Schoolage children need 60 minutes of moderate exercise daily.

FFF. Strength training exercises are not safe for schoolage children.

2. The parent of a child who has asthma asks the primary care pediatric nurse practitioner about whether the child may engage in strenuous exercise. What will the nurse practitioner tell the parent?

FFF. Children with asthma should be excluded from vigorous exercise and most strenuous sports.

**GGG. Children with asthma show improved aerobic and anaerobic fitness with moderate to vigorous/physical activity. Correct**

HHH. Physical activity has been shown to improve overall pulmonary function in children with asthma.

- III. Vigorous exercise helps improve symptoms in children with poorly controlled asthma.

3. The primary care pediatric nurse practitioner is discussing lifestyle changes with an adolescent who has hypertension. What will the nurse practitioner recommend about exercise for this client?

**A.Regular to vigorous activity initially with a combination of resistance and aerobic exercise to maintain lower blood pressure Correct**

BBB. Moderate daily exercise such as walking for 20 minutes daily with increasing intensity as blood pressure drops

CCC. Vigorous aerobic exercise combined with maximal strength training to lower blood pressure

DDD. Vigorous aerobic exercise only to reduce blood pressure and then to maintain lowered blood pressure

4. The primary care pediatric nurse practitioner is offering anticipatory guidance to the parents of a 6yearold child who has Down syndrome. What will the nurse practitioner tell the parents about physical activity and sports in school?

A. Children with Down syndrome get frustrated easily when engaging in sports.

SSSS. Children with Down syndrome should not participate in strenuous aerobic activity.

10. The primary care pediatric nurse practitioner is performing an initial well child exam on a 3-year-old child recently adopted from Africa. The adoptive parent has a record of immunizations indicating that the child is fully vaccinated. What will the nurse practitioner do?

WW. Administer a booster dose of each vaccine to ensure immunity.

XX. Find out whether the vaccines were provided by reliable suppliers.

**YY. Perform antibody titers and reimmunize the child. Correct**

ZZ. Record the vaccines in the child's electronic medical record.

11. The primary care pediatric nurse practitioner reviews the immunization records of an 18-month-old child and notes that the child received an MMR immunization 2 days prior to the first birthday. What will the nurse practitioner do?

AAA. Administer a reduced dose of MMR to ensure adequate immunity.

BBB. Obtain mumps, measles, and rubella titers to determine immunity.

**CCC. Recommend the next dose of MMR vaccine at 4 to 5 years of age.**

**Correct**

DDD. Repeat the MMR vaccine since the first dose was given too soon

12. A 5-year-old child who has a history of pertussis infection as an infant is in the clinic for immunizations prior to kindergarten. Which vaccine will be given?

a. DTaP **Correct**

b. DTP

c. Td

d. Tdap

13. An adolescent female who is sexually active and who has not had the HPV vaccine asks if she may have it. What will the primary care pediatric nurse practitioner tell her?

GG. Getting the vaccine now will still protect her from HPV oncogenic types even if already exposed

HH. Receiving the HPV vaccine series will replace the need for regular cervical cancer screening

II. She will need to have Papanicolaou and pregnancy screening prior to receiving the vaccine

**JJ. The vaccine will not protect her from any HPV oncogenic types acquired previously**

**Correct**

26. An unimmunized schoolage child whose mother is in her first trimester of pregnancy is diagnosed with rubella after a local outbreak. What will the primary care pediatric nurse practitioner recommend?

**A. Assessment of maternal rubella titers Correct**

B. Intravenous immunoglobulin for the child

C. MMR vaccine for the mother and child

D. Possible termination of the pregnancy

27. A child is brought to the clinic with a fever, headache, malaise, and a red, annular macule surrounded by an area of clearing and a larger, erythematous annular ring. The child complains of itching at the site. What will the primary care pediatric nurse practitioner do to determine the diagnosis?

**A. Ask about recent tick bites Correct**

b. Obtain a skin culture

c. Order blood cultures

d. Perform serologic testing

28. A child whose family has been camping in a region with endemic Lyme disease suffered several tick bites. The parents report removing the ticks but are not able to or the length of time the ticks were attached. The child is asymptomatic. What is the action?

a. Administer a prophylactic single dose of doxycycline.

b. Perform serologic testing for IgG or IgM antibodies.

c. Prescribe amoxicillin three times daily for 14 to 21 days.

**d. Teach the parents which signs and symptoms to report. Correct**

29. A 10-month-old infant has an erythematous, fluctuant, nondraining abscess on the right buttock after 10 days of treatment with amoxicillin for impetigo. What is the next step in managing this infant's care?

A. Consultation with a pediatric infectious disease specialist

B. Culture of any superficial open surface wounds

C. Empiric treatment with clindamycin

**D. Incision and drainage of the abscess with culture Correct**

## Chapter 24. Intentional and Unintentional Injuries: Injury Prevention Child

### Maltreatment

1. Which of the following statements best defines the term *child maltreatment*?

- a. intentional injury of a child
- b. failure to provide what a child needs
- c. not giving a child what he or she wants
- d. d. accidental harm to a child by someone

ANS: A

2. Which of the following statements best defines the term *physical abuse*?

- a. bodily injury to a person that seems to have been inflicted by other than accidental means
- b. purposefully beating a child so that there are highly visible marks on the child's body
- c. use of the hands applied to a child in an excessively forceful manner
- d. any damage to a child that involves the use of muscle-applied force

ANS: A

3. The school nurse observes parents interacting with a school-aged child and notices that they do

not show any affection toward the child and there is no evidence of emotional support or supervision. Later the nurse learns from the child that he must take care of all his own hygiene tasks, has to find something to eat on his own, and his parent never says anything nice about him.

The nurse at this point believes that the parents are engaging in:

- a. physical abuse
- b. poor parenting
- c. psychological abuse
- d. d. withholding of love

ANS: B

4. The majority of perpetrators of abuse to children reported to state Child Protective Service

agencies as suspected victims of abuse and neglect are:

- a. neighbors within one block
- b. parents
- c. strangers
- d. d. relatives other than parents

ANS: C

15. The parent of a preschool age child calls the clinic to report that the child has clear, watery drainage from both eyes, mild erythema of the conjunctiva, and no fever or other symptoms. What will the primary care pediatric nurse practitioner recommend?
- a. **Allow the child to go to preschool. Correct**
  - b. Bring the child to the clinic for a culture.
  - c. Keep the child home for 2 days.
  - d. Use antibiotic eyedrops for 3 days..
16. A parent brings a 4monthold infant to the clinic who has had a lowgrade fever for 24 hours. The primary care nurse practitioner notes that the infant has a weak cry, slightly dry oral mucosa, mottled skin, and a respiratory rate of 65 breaths per minute and sleeps unless stimulated by the examiner,. What will the nurse practitioner do?
- a. Administer oral fluids in the clinic.
  - b. **Admit the infant to the hospital. Correct**
  - c. Order outpatient laboratory tests.
  - d. Send the infant home with close followup.

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**situations Correct**

5. A middle schoolage child is skipping school frequently and getting poor grades since the child's father was killed while deployed in the military. How will the primary care pediatric nurse practitioner manage this situation?
- A . Prescribe shortterm antidepressants for this situational depression.
- B . Refer the child to a mental health specialist for evaluation and treatment. Correct**
- C . Schedule extended appointments for counseling and mental health interventio.
- D . Suggest that the child have close followup by a school counselor.
6. The parent of a 4yearold child reports that the child seems to be having trouble adjusting to a new day care and reportedly is always engaging in solitary play when the parent arrives to pick up the child. What will the primary care pediatric nurse practitioner do?
- A . Ask the parent if the child is slow to warm up to other new situations. Correct**
- B . Reassure the parent that parallel play is common among preschoolage children.
- C . Recommend that the parent spend time encouraging the child to play with others.
- D . Suggest that the day care center may be neglecting the child.
7. The parent of a schoolage child is concerned because the child has started to express anger about a grandparent's death even though this occurred when the child was a toddler. What will the primary care pediatric nurse practitioner tell the parent?
- a. **Preview from Notesale.co.uk**  
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Grief is an abnormal reaction to bereavement and loss in this age child.
- B . Counseling is needed since the child has had sufficient time to resolve this issue.
- C . Grief and bereavement lasting longer than a year may require medication.
- D . The significance of this loss must be reworked at each developmental level. Correct**
8. The parent of a schoolage child reports that the child doesn't like being alone in rooms because of a fear of aliens hiding in closets. What will the primary care pediatric nurse practitioner tell the parent?
- A . "Fear of imaginary creatures does not usually occur at this age." Correct**
- B . "I may need to refer your child to a pediatric mental health specialist."
- C . "Your child is expressing normal fears for a schoolage child."
- D . "Your child may be watching too much violence on television."

## Chapter 31. Infectious Diseases

1. Which of the following is a consideration in the administration of immunizations?

1. Immunizations can only be administered if a child is free from any illnesses.
2. Caregivers should administer aspirin prior to the injection to prevent any side effects.
3. Children should be isolated from other children for 24 hours after receiving immunizations.
4. Caregivers should be advised that immunizations may cause a mild fever or soreness and redness at the injection site. ANS: 4

2. A vaccine that contains fragments of cells that stimulate an immune response, but does not contain the whole cell is known as a:

1. Toxoid.
2. Subunit.
3. Acellular.
4. Attenuated. ANS: 3

3. Which of the following is true about immunizations containing thimersal and autism?

1. Thimersal has been removed from all vaccines.
2. Only the MMR vaccine is associated with autism.
3. Thimersal has been linked to learning disabilities, but not autism.
4. Researchers have found no evidence that thimersal is linked to autism. ANS: 4

4. A 27-year-old mother has just delivered a healthy 7 lb. 3 oz. baby boy.

Which of the following is true regarding the baby's immunization schedule for Hepatitis B?

1. The infant will need two doses administered at least 6 months apart.
2. The infant should not receive the vaccine until at least 12 months of age.
3. The infant will not need any vaccines at this time because of passive immunity from the mother.
4. If the mother is Hepatitis B surface antigen positive, the baby will need 0.5ml of Hepatitis B Immune

Globulin.

ANS: 4

9. A 6-year-old boy with Varicella-zoster (chickenpox) and a visible rash is being admitted to the hospital for treatment of dehydration. Which of the following isolation precautions needs to be taken?

1. Contact
2. Airborne
3. Contact and droplet
4. Contact and airborne ANS: 4

10. The mother of a 4-year-old girl brings her daughter in to be evaluated for a fever of 101 degrees and a headache that has lasted for the past three days. The mother was concerned this morning when the child woke up and had reddened cheeks that looked like she had been slapped.

The nurse suspects the child has:

1. Impetigo.
2. Fifth's disease.
3. German measles.
4. Hand-Foot-Mouth Disease ANS: 2

11. Which of the following should be considered in the administration of the influenza vaccine?

1. The vaccine is contraindicated for individuals who are allergic to eggs or egg products.
2. The Live Attenuated Influenza Virus (LAIV) is a safe alternative for children of any age.
3. The influenza vaccine is contraindicated in children with asthma and wheezing within the past 12 months.
4. Since influenza has a bimodal seasonal pattern, children under 18 years of age should receive two doses of the vaccine. ANS: 1

12. The period of time when a child begins to have mild signs and symptoms until the main illness appears, and which is associated with increased communicability, is referred to as:

1. Transmission.
2. Susceptibility.
3. Prodromal period.
4. Incubation period. ANS: 3

13. Reyes Syndrome can be a life-threatening disease affecting the brain and liver of children. The cause of this disease comes from the ingestion of:

VV. Reassure the child's parents that this is a selflimiting disorder.

13. The primary care pediatric nurse practitioner is evaluating an 11monthold infant who has had three viral respiratory illnesses causing bronchiolitis. The child's parents both have seasonal allergies and ask whether the infant may have asthma. What will the nurse practitioner tell the parents?

**TT. "Although it is likely, based on family history, it is too soon to tell." Correct**

UU. "There is little reason to suspect that your infant has asthma."

VV. "With your infant's history of bronchiolitis, asthma is very likely."

WW. "Your infant has definitive symptoms consistent with a diagnosis of asthma."

14. The primary care pediatric nurse practitioner is examining a schoolage child who has had several hospitalizations for bronchitis and wheezing. The parent reports that the child has several coughing episodes associated with chest tightness each week and gets relief with an albuterol metereddose inhaler. What will the nurse practitioner order?

A . Allergy testing

B . Chest radiography

**C. Spirometry testing Correct**

D. Sweat chloride test

15. A schoolage child who uses a SABA and an inhaled corticosteroid medication is seen in the clinic for an acute asthma exacerbation. After 4 puffs of an inhaled shortacting B2agonist (SABA) every 20 minutes for three treatments, spirometry testing shows an FEV1 of 60% of the child's personal best. What will the primary care pediatric nurse practitioner do next?

M. Administer an oral corticosteroid and repeat the three treatments of the inhaled SABA.

N. Admit the child to the hospital for every 2 hour inhaled SABA and intravenous steroids.

O. Give the child 2 mg/kg of an oral corticosteroid and have the child taken to the emergency department.

**P. Order an oral corticosteroid, continue the SABA every 3 to 4 hours, and**

**Follow closely. Correct**

16. A child who has been diagnosed with asthma for several years has been using a shortacting B2agonist (SABA) to control symptoms. The primary care pediatric nurse practitioner learns that the child has recently begun using the SABA two or three times each week to treat

9. A child has several circular, scaly lesions on the arms and abdomen, some of which have central clearing. The primary care pediatric nurse practitioner notes a smaller, scaly lesion on the child's scalp. How will the nurse practitioner treat this child?
- A . Obtain scrapings of the lesions for fungal cultures.
- B . Order prescription strength antifungal creams.
- C . Prescribe oral griseofulvin for 2 to 4 weeks. Correct**
- D . Recommend OTC antifungal creams and shampoos.
10. A child is diagnosed with tinea versicolor. What is the correct management of this disorder?
- A. Application of selenium sulfide 2.5% lotion twice weekly for 2 to 4 weeks Correct**
- B . Oral antifungal treatment with fluconazole once weekly for 2 to 3 weeks
- C . Sun exposure for up to an hour every day for 2 to 4 weeks
- D . Using ketoconazole 2% shampoo on lesions twice daily for 2 to 4 weeks
11. An adolescent female has grouped vesicles on her oral mucosa. To determine whether these are caused by HSV1 or HSV2, the primary care pediatric nurse practitioner will order which test?
- A . Direct fluorescent antibody test
- B . Enzyme-linked immunosorbent assay
- C . Tzanck smear
- D. Viral culture Correct**
12. A 4-year-old child has clusters of small, clear, tense vesicles with an erythematous base on one side of the mouth along the vermilion border, which are causing discomfort and difficulty eating. What will the primary care pediatric nurse practitioner recommend as treatment?
- A . Mupirocin ointment applied to lesions 3 times daily
- B . Oral acyclovir 20 to 40 mg/kg/dose for 7 to 10 days
- C . Topical acyclovir applied to lesions 4 times daily
- D. Topical diphenhydramine and magnesium hydroxide Correct**
13. A previously healthy school-age child develops herpes zoster on the lower back. What will the primary care pediatric nurse practitioner do to manage this condition?
- A . Order Burow solution and warm soothing baths as comfort measures. Correct**
- B . Prescribe oral acyclovir 30 mg/kg/day in 4 doses/day for 5 days.
- C . Recommend topical antihistamines to control itching.

ivermectin

Q. Treatment with permethrin 5% cream for 7 days in conjunction with ivermectin 200 mcg/kg

18. An adolescent has acne with lesions on the cheeks and under the chin. Which distribution is this?

- A. Athletic
- B. Frictional
- C. **Hormonal Correct**
- D. Pomadal

19. An adolescent has acne characterized by papules and pustules mostly on the forehead and chin.

What will the primary care pediatric nurse practitioner prescribe?

- A. Azelaic acid applied daily at nighttime
- B. Benzoyl peroxide applied twice daily
- C. **Topical erythromycin with benzoyl peroxide Correct**
- D. Tretinoin applied nightly after washing the face

20. A child has an area of inflammation on the neck that began after wearing a hand-knit woolen sweater. On examination, the skin appears chafed with mild erythematous patches. The lesions are not pruritic. What is an appropriate initial treatment?

- K. Application of a lanolin-based emollient
- L. Burow solution soaks and cool compresses
- M. Oral antihistamines given 4 times daily

**N. Topical corticosteroids applied 2 to 3 times daily Correct**

21. An adolescent who had cradle cap as an infant is in the clinic with thick crusts of yellow, greasy scales on the forehead and behind the ears. What will the primary care pediatric nurse practitioner recommend?

- A. **Daily application of ketoconazole 2% topical cream Correct**
- G. Highpotency topical corticosteroids applied daily
- H. Mineral oil and shampoo on the affected areas
- I. Selenium sulfide shampoo twice weekly to the face

B . Audiometry

**C. Auditory brainstem response (ABR) Correct**

D. Evoked otoacoustic emission (EOAE) testing

2. The primary care pediatric nurse practitioner obtains a tympanogram on a child that reveals a sharp peak of 180 mm H<sub>2</sub>O. What does this value indicate?

A . A normal tympanic membrane

B . Middle ear effusion

**C. Negative ear pressure Correct**

D. Tympanic membrane perforation

3. An 18monthold child with no previous history of otitis media awoke during the night with right ear pain. The primary care pediatric nurse practitioner notes an axillary temperature of 100.5°F and an erythematous, bulging tympanic membrane. A tympanogram reveals of peak of +150 mm H<sub>2</sub>O. What is the recommended treatment for this child?

A. Amoxicillin 80 to 90 mg/kg/day in two divided doses

**B. An analgesic medication and watchful waiting Correct**

C . Ceftriaxone 50 to 75 mg/kg/dose IM given once

D . Otological antibiotic drops twice daily for 5 days

4. A 7monthold infant has had two prior acute ear infections and is currently on the 10th day of therapy with amoxicillin/clavulanate after a failed course of amoxicillin. The primary care pediatric nurse practitioner notes marked middle ear effusion and erythema of the TM. The child is irritable and has a temperature of 99.8°F. What is the next step in management of this child's ear infection?

A . Order a second course of amoxicillin/clavulanate.

B . Perform tympanocentesis for culture.

C . Prescribe clindamycin twice daily.

**D Refer the child to an otolaryngologist. Correct**

5. A 3yearold child with pressureequalizing tubes (PET) in both ears has otalgia in . one ear. The primary care pediatric nurse practitioner is able to visualize the tube and does not see exudate in the ear canal and obtains a type A tympanogram. What will the nurse practitioner do?

**A . Order otological antibiotic/corticosteroid drops. Correct**

## Chapter 37. Respiratory Disorders Questions

1. In a respiratory disorder causing a checkvalve obstruction, which symptoms will be present?
- A. Air entry on inspiration with expiratory occlusion Correct**
- B . Complete obstruction on inspiration and expiration
- C . Narrowing of the lumen with increased air flow resistance
- D . Obstruction of air entry with unimpeded expiratory air flow
2. A child has an acute infection causing lower airway obstruction. Which initial symptom is expected in this child?
- A . Atelectasis
- B . Barrel chest
- C . Overinflation
- D. Wheezing Correct**
3. A 4yearold child with an upper respiratory tract infection has cloudy nasal discharge and moderate nasal congestion interfering with sleep. The parent asks what product to use to help with symptoms. What will the primary care pediatric nurse practitioner recommend?
- A . Antihistamines
- B . Decongestant sprays
- C. Saline rinses Correct**
- D. Zinc supplements
4. A 5yearold child has enlarged tonsils and a history of four throat infections in the previous year with fever, cervical lymphadenopathy, and positive *Group A Streptococcus pyogenes* (GABHS) cultures. The parent reports that the child snores at night and expresses concerns about the child's quality of sleep. The next step in managing this child's condition is to
- A . continue to observe the child for two or more GABHS infections.
- B . prescribe prophylactic antibiotics to prevent recurrent infection.
- C . refer to a pulmonologist for polysomnography evaluation. Correct**
- D . refer to an otolaryngologist for possible tonsillectomy.

- B . Restriction of physical activity to avoid pulmonary complications
- C . Subacute bacterial endocarditis prophylaxis precautions
- D . Teaching about management of hypercyanotic episodes

13. The primary care pediatric nurse practitioner is performing a sports physical on an adolescent whose history reveals mild aortic stenosis. What will the nurse practitioner recommend?

- A . Avoidance of all sports to prevent sudden death
- B . Clearance for any sports since this is mild
- C. Evaluation by a cardiologist prior to participation Correct**
- D. Low intensity sports, such as golf or bowling

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14. During a routine well child exam on a 5-year-old child, the primary care pediatric nurse practitioner auscultates a grade II/VI, harsh, late systolic ejection murmur at the upper left sternal border that transmits to both lung fields. The child has normal growth and development. What will the nurse practitioner suspect?

- A . Aortic stenosis
- B . Patent ductus arteriosus
- C. Pulmonic stenosis Correct**
- D. Tricuspid atresia

15. A 5-year-old child has an elevated blood pressure during a well child exam. The primary care pediatric nurse practitioner notes mottling and pallor of the child's feet and lower legs and auscultates a systolic ejection murmur in the left infraclavicular region radiating to the child's back. The nurse practitioner will suspect which condition?

- A. Aortic stenosis
- B. Coarctation of the aorta Correct**
- C . Patent ductus arteriosus
- D . Pulmonic stenosis

16. An adolescent female has a history of repaired tetralogy of Fallot. Which longterm complication is a concern for this patient?

- A . Aortic stenosis
- B . Chronic cyanosis

**D. Use of estrogencontaining cream Correct**

5. A schoolage female has had vulvovaginitis for 2 months. All cultures and tests are negative, but the symptoms persist after treatment with both topical antibiotics and oral amoxicillin. What is the next course of action to treat this condition?

**A. Estrogen cream at bedtime for 2 to 3 weeks Correct**

B. Referral to a pediatric gynecologist for further evaluation

C. Trimethoprim-sulfamethoxazole daily for 1 to 2 months

D. Workup for possible sexual abuse

6. A 16-year-old female reports dull, aching cramping pain in her lower abdomen lasting 2 or 3 hours that occurs between her menstrual periods each month. The adolescent is not sexually active. What is the treatment for this condition?

A. Abdominal ultrasound to rule out ovarian cyst

B. Oral contraceptives to suppress ovulation

**C. Prostaglandin inhibitor analgesics and a heating pad Correct**

D. Referral to a pediatric gynecologist

7. A 17-year-old sexually active female who began having periods at age 14 reports having moderate to severe dull lower abdominal pain associated predominantly with periods but that occurs at other times as well. The history reveals a recent onset of these symptoms. A pregnancy test is negative. Which course of action is most important?

**A. Perform a full diagnostic workup to evaluate potential causes. Correct**

B. Prescribe a prostaglandin synthetase inhibitor.

C. Start a 3-to 6-month trial of oral contraceptive pills.

D. Suggest using transcutaneous electrical nerve stimulation.

8. A 15-year-old female has a positive pregnancy test and asks the primary care pediatric nurse practitioner not to tell her parents. She is tearful and says she isn't sure she wants to keep the baby. What will the nurse practitioner do first?

**A. Determine the state-mandated reporting laws. Correct**

B. Encourage the adolescent to talk to her parents.

C. Obtain a social work consult to discuss adoption options.

## Chapter 43. Musculoskeletal Disorders Questions

1. A schoolage child has a fractured wrist with a SalterHarris

Type II fracture, according to the radiologist. What is true about this type of fracture?

A. Growth disturbance of the long bones of the arm is likely.

**B. There is a metaphyseal fragment on the compression side of fracture. Correct**

C. There is usually a compression or crushing injury to the physis.

D. This will require anatomic reduction using an open approach.

2. What will the primary care pediatric nurse practitioner elicit when obtaining a positive Barlow maneuver when screening for developmental dysplasia of the hip?

**A. Dislocation of an unstable hip Correct**

B. Dropping of the iliac crest with a raised leg

C. Reduction of a dislocated hip

D. Unequal knee heights in a supine child

3. A 3yearold child is brought to the clinic by a parent who reports that the child refuses to use the right arm after being swung by both arms while playing. The child is sitting with the right arm held slightly flexed and close to the body. There is no swelling or ecchymosis present.

What will the primary care pediatric nurse practitioner do?

A. Consider maltreatment as a possible cause of injury.

**B. Gently attempt a supination and flexion technique. Correct**

C. Immobilize the arm with a sling and refer to orthopedics.

D. Obtain a radiograph of the child's right arm and elbow.

4. A schoolage child falls off a swing and suffers a closed fracture of the right clavicle. How will this be managed?

A. Application of a figureeight clavicle brace for 6 to 8 weeks

B. Hospitalization for traction of the affected extremity and shoulder

**C. Immobilization with a sling to support the affected extremity Correct**

D. Referral to an orthopedic specialist for possible surgical reduction

5. A young adolescent reports chest pain associated with coughing and lifting.

5. A toddler is brought to the clinic after grabbing the hot end of his mother's curling iron. An examination reveals a pale, yellow burned area to the palm of one hand. What is true about this burn?

**A . It may take up to 3 weeks to heal with scarring likely. Correct**

B . Scarring is unlikely, with healing expected in 3 to 7 days.

C . Surgical intervention and skin grafting are usually required.

D . This type of burn usually heals without scarring in 7 to 14 days.

6. A schoolage child sustained a contusion on the front of one thigh while playing football and reports some difficulty flexing his foot on the affected side. What will the primary care pediatric nurse practitioner do to treat this injury?

A . Place the child on crutches and limit weightbearing until symptoms subside.

B . Prescribe acetaminophen with hydrocodone along with NSAIDs.

C . Recommend rest, ice packs, compression, and elevation of the extremity.

**D . Refer the child to an orthopedic specialist for immediate evaluation and treatment.**

**Correct**

7. A child is bitten on one arm by a neighbor's dog. The dog is immunized against rabies and the child's last tetanus immunization was 4 years prior. The wound edges are gaping and avulsed. What is an important initial intervention when treating this injury?

A . Administration of rabies prophylaxis and a tetanus booster

B . Debriding and suturing the wound to prevent infection

**C. Irrigation of the wounds with highpressure normal saline Correct**

D. Reporting the animal bite to the local animal control authority

8. A child is brought to the clinic immediately after being stung by a wasp while playing in the yard. The physical examination reveals localized redness and edema at the site, along with abdominal tenderness, watery eyes, and generalized hives. What is the initial treatment?

**B . Administer intramuscular epinephrine. Correct**

C . Apply a topical glucocorticoid cream.

D . Give oral diphenhydramine.

E . Order a bronchodilator treatment.

9. A child is bitten by a snake near a swimming pool in an area where copperhead snakes are known to inhabit, although the parents cannot describe the snake. An examination of the bite reveals a severe local reaction at the site with edema and intense pain. What will the primary care pediatric nurse practitioner do first?
- A. Administer narcotic analgesics to provide comfort.
  - B. Begin treatment with oral amoxicillinclavulanate for 5days.
  - C . Clean the wound and administer tetanus prophylaxis.
  - D . Transport the child by ambulance to a medical center. Correct**

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13. The primary care pediatric nurse practitioner is performing a well child examination on a 12-year-old child who was diagnosed with type 1 diabetes at age 9. The child had a lipid screen at age 10 with an LDL cholesterol  $<100$  mg/dL. What will the nurse practitioner recommend as part of ongoing management for this child?
- A . Annual lipid profile evaluation
  - B . Annual screening for microalbuminuria
  - C. Comprehensive ophthalmologic exam Correct**
  - D. Hypothyroidism screening every 5 years
14. A 13-year-old Native American female has a BMI at the 90th percentile for age. The primary care pediatric nurse practitioner notes the presence of a hyperpigmented velvetlike rash in skin folds. The child denies polydipsia, polyphagia, and polyuria. The nurse practitioner will
- A . counsel the child to lose weight to prevent type 2 diabetes.
  - B . diagnose type 2 diabetes if the child has a random glucose of 180 mg/dL.
  - C . order a fasting blood sample for a metabolic screen for type 2 diabetes. Correct**
  - D . refer the child to a pediatric endocrinologist.
15. The primary care pediatric nurse practitioner prescribes metformin for a 15-year-old adolescent newly diagnosed with type 2 diabetes. What will the nurse practitioner include when teaching the adolescent about this drug?
- A. The insulin therapy will be necessary in the future
  - B. The importance of checking blood glucose 3 or 4 times daily Correct**
  - C . To consume a diet with foods that are high in vitamin B12
  - D . To use a stool softener to prevent gastrointestinal side effects
16. A 16-year-old adolescent female whose BMI is at the 90th percentile reports irregular periods. The primary care pediatric nurse practitioner notes widespread acne on her face and back and an abnormal distribution of facial hair. The nurse practitioner will evaluate her further based on a suspicion of which diagnosis?
- A . Dyslipidemia
  - B . Hypothyroidism
  - C . Nonalcoholic steatohepatitis
  - D. Polycystic ovary syndrome Correct**

- B. The parents of an 18-month-old child bring the child to the clinic after observing a brief seizure of less than 2 minutes in their child. In the clinic, the child has a temperature of 103.1°F, and the primary care pediatric nurse practitioner notes a left otitis media. The child is alert and responding normally. What will the nurse practitioner do?
- A. Order a lumbar puncture, complete blood count, and urinalysis.
- B. Prescribe an antibiotic for the ear infection and reassure the parents. Correct**
- C. Refer to a pediatric neurologist for anticonvulsant and antipyretic prophylaxis.
- D. Send the child to the emergency department for EEG and possible MRI.
- C. An adolescent female reports unilateral headache pain associated with abdominal pain and nausea occurring just prior to periods each month. The adolescent has been using naproxen sodium for 6 months but reports little relief from symptoms. What will the primary care pediatric nurse practitioner do?
- A. Add acetaminophen and ondansetron to the naproxen regimen.
- B. Consider prophylactic therapy with a beta-blocker or anticonvulsant drug.
- C. Prescribe sumatriptan nasal spray at the onset of headache and every 2 hours. Correct**
- D. Refer the adolescent to a pediatric neurologist for neuroimaging studies.
- D. A child who has sustained a head injury after falling on the playground is brought to the clinic. The parents report that the child cried immediately and was able to walk around after falling. The primary care pediatric nurse practitioner notes slight slurring of the child's speech and the child has vomited twice in the exam room. Which course of action is warranted?
- A. Admit the child to the hospital for a neurology consult. Correct**
- B. Observe the child in the clinic for several hours.
- C. Order a head CT and observe the child at home.
- D. Send the child home with instructions for follow-up.
- E. The primary care pediatric nurse practitioner performs a well-baby exam on a term 4-month-old infant and observes flattening of the left occiput, bossing of the right occiput, and anterior displacement of the left ear. The parents report performing various positioning maneuvers, but say that the baby's head shape has worsened. What will the nurse practitioner recommend to correct this finding?