

Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Continuum Pediatric Nursing Services

## GENERAL PEDIATRIC EXAM

1. Your patient has an oxygen requirement. Which of the symptoms below may **NOT** indicate a need for increased oxygen?
  - a. Prolonged pulse oximetry reading of 86%
  - b. Retractions with nasal flaring and increased respirations
  - c. Crying with the pulse oximeter not registering
  - d. Perioral cyanosis
  
2. Signs and symptoms of feeding intolerance may include all of the following **except**:
  - a. Abdominal distension
  - b. Vomiting
  - c. Leg pain and swelling
  - d. Diarrhea
  
3. Parents should be taught all of the following regarding seizure management **except**:
  - a. Place the child in a side lying position to protect the airway
  - b. Keep oxygen at the bedside since irregular respirations and possible apnea may occur
  - c. Talk to and comfort the child during seizures to reassure them and also monitor their level of responsiveness
  - d. To prevent the tongue from falling back in the mouth, place a padded tongue blade in the child's mouth
  
4. A Farrell bag valve is:
  - a. The valve where medications are given
  - b. The place where the feeding extension tubing is attached
  - c. A gastric pressure relieving device
  - d. The drip regulator on the feeding pump
  
5. When assessing a patient for potential skin breakdown, you should consider which of the following:
  - a. Pressure can be prevented by implementing an appropriate pressure redistribution schedule
  - b. The use of effective moisturizers that contain emollients will increase the water content of the skin and thus its pliability and strength
  - c. Tissue perfusion, oxygen saturation, and hemoglobin levels affect the degree of risk to the patient for the development of pressure ulcers
  - d. Donut cushions are effective aids to reduce the pressure on the bony prominences of seated patients
  - e. A, B, and C

6. Medications that are given through a G-button should be given through the medication port of the feeding extension instead of directly into the button because the valve can be damaged.
  - a. True
  - b. False
7. What is the leading cause of death in children over one year of age?
  - a. Injuries
  - b. Seizures
  - c. Congenital heart disease
  - d. Sepsis
8. Hypergranulation tissue at the g-tube site may be the result of all of the following **except:**
  - a. The tube moving around in the stoma
  - b. Incorrect stabilization
  - c. Additional water boluses being given
  - d. Excessive moisture
  - e. Peroxide use
9. You arrive at the home of your three year old patient and the parent tells you that she had two seizures last night. You notice later that the parent didn't give your patient her Dilantin the night before. Your responsibilities include all of the following **except:**
  - a. Assessing the child's current status
  - b. Documenting the missed dose and the corrective measures taken
  - c. Adding another dose to the child's schedule today to make up for the missed dose
  - d. Education the family about the child's Dilantin schedule and the importance of them receiving the medication
10. At the first signs of tube feeding intolerance, the nurse should immediately stop the feeding.
  - a. True
  - b. False
11. You suspect your child has fluid overload. Signs and symptoms of this include:
  - a. Edema in the extremities
  - b. Crackles auscultated in the lungs
  - c. Weight gain
  - d. All of the above
12. If a feeding tube is obstructed, the nurse may do all of the following **except:**
  - a. Check for kinks
  - b. Make sure the clamp is open
  - c. Flush with warm water
  - d. Milk the tubing
  - e. Change the extension
13. Your two year old patient has a neurological disorder which has resulted in foot drop. They recently received an Ankle Foot Orthosis (AFO). **The purpose of the AFO is to:**
  - a. Prevent heel cord tightness
  - b. Support the foot and ankle for standing and walking
  - c. Maintain the foot in the normal flexed position
  - d. All of the above

14. You may check placement on a feeding tube by:
- Instilling a small amount of air into the tube and auscultating with your stethoscope
  - Aspirating a small amount of feeding/stomach content
  - Percussing the stomach
  - A & B
15. Which of the following statements are true about seizure disorders?
- Seizures may be caused by metabolic abnormalities such as hypoglycemia or hyponatremia
  - Certain types of infection may cause seizures to appear in patients who have previously not experienced them
  - Seizures are produced by excess neuronal discharge in the brain
  - All of the above
16. Signs that an infant with hydrocephalus may be experiencing increased intracranial pressure may include:
- Onset of vomiting
  - Eyes fixed in a downward gaze (setting sun phenomenon)
  - Bulging fontanel
  - All of the above
17. To help prevent aspiration, all of the following are recommended **except**:
- Placing the child in a sitting position when eating or drinking
  - Burping an infant often during feeding
  - Laying the child flat on their stomach to rest immediately after feeding
  - Keeping an infant upright after feeding
18. If your patient is having symptoms of restlessness, decreased alertness, nausea, vomiting, confusion and sleepiness, what assessment would you be sure to check?
- Assess breath sounds
  - Abdominal girth
  - Weight
  - Pupils
19. What does the term “equal and reactive pupils to light” mean?
- The patient can follow the light and eyes blink when light is introduced.
  - The patient can turn their head up, down and side to side, without problems.
  - When the light is introduced into each pupil, they will immediately constrict equally.
  - Your patient needs to wear their glasses or contacts at all times.