

TESTPASSPORT

ÜBUNGSFRAGEN



H O C H W E R T I G E L E R N R E S S O U R C E N

<https://www.testpassport.de>
Kostenlose Updates für ein Jahr

Exam : CCRN-Pediatric

**Title : CCRN (Pediatric) - Direct
Care Eligibility Pathway
Exam**

Version : DEMO

1. A family member asks permission to visit a patient after work at 12:30 AM. On previous visits, the family member has been disruptive.

To address the situation, a nurse should:

- A. Ask the family member to visit before work
- B. Ask the family member to visit during scheduled visiting hours
- C. Not allow the visit, as the patient will be sleeping
- D. Allow the family member to visit after setting behavioral limits

Answer: D

Explanation:

Family-centered care involves balancing patient needs, safety, and visitation flexibility. If past behaviors have been disruptive, the best approach is to allow the visit conditionally, while setting clear behavioral expectations. This respects family involvement while maintaining therapeutic boundaries.

“In situations of previously disruptive visitors, staff may limit visitation based on behavior. Visitors may be permitted under behavioral agreements to promote a safe environment.”

(Referenced from CCRN Pediatric – Professional Caring and Ethical Practice: Family-Centered Care and Behavioral Limits)

2. An irritable child has an acute fever, conjunctivitis, rash, and a strawberry tongue. A prolonged PR interval is observed on the ECG monitor.

These findings are most likely due to:

- A. Hypertrophic cardiomyopathy
- B. Rheumatic heart disease
- C. Kawasaki disease
- D. Pericarditis

Answer: C

Explanation:

Kawasaki disease is an acute vasculitis that primarily affects children under 5 and presents with classic signs: fever, rash, conjunctivitis, strawberry tongue, and extremity changes. It may also cause coronary artery aneurysms and conduction abnormalities, such as PR prolongation.

“Kawasaki disease presents with mucocutaneous inflammation, and cardiac complications may include myocarditis and conduction delays, such as first-degree AV block.”

(Referenced from CCRN Pediatric – Direct Care: Cardiovascular, Inflammatory Heart Disease)

3. A nursing practice council is reviewing a protocol for flushing unused IV lines. A team member questions the use of saline vs. dextrose.

What should the council do first?

- A. Identify the outcomes
- B. Develop research methods
- C. Determine the problem
- D. Plan interventions

Answer: C

Explanation:

The first step in any evidence-based practice (EBP) or quality improvement (QI) process is to clearly define the clinical problem or question. Before outcomes or interventions are addressed, the council

must determine the exact issue to be studied.

“In quality improvement and evidence-based practice, step one is always problem identification. A well-defined problem leads to targeted and effective research.”

(Referenced from CCRN Pediatric – Professional Caring and Ethical Practice: Evidence-Based Practice and QI Models)

4.To evaluate effectiveness of transvenous ventricular pacing, the ECG should show a pacing spike followed by:

- A. Ventricular depolarization
- B. Ventricular repolarization
- C. Atrial repolarization
- D. Atrial depolarization

Answer: A

Explanation:

In ventricular pacing, the pacing spike should be followed by a QRS complex, which represents ventricular depolarization. This confirms the electrical capture of the ventricles by the pacemaker and is the most critical marker of pacing effectiveness.

“A pacing spike followed by a wide QRS complex confirms ventricular depolarization and mechanical capture with ventricular pacing.”

(Referenced from CCRN Pediatric – Direct Care: Cardiovascular, Temporary Pacing Management)

5.Following placement of a central venous catheter, a mechanically ventilated child develops acute tachycardia, hypotension, and arterial desaturation.

A nurse should evaluate the need for:

- A. Administration of a sedative
- B. Insertion of a chest tube
- C. An increase in the ventilator rate
- D. An IV fluid bolus

Answer: B

Explanation:

Central venous catheter placement can lead to iatrogenic pneumothorax, particularly on the side of the subclavian or internal jugular access. Signs of sudden desaturation, hypotension, and tachycardia suggest tension pneumothorax, which requires emergent chest tube insertion.

“Following central line placement, sudden cardiorespiratory compromise should prompt evaluation for pneumothorax. Treatment is immediate decompression and chest tube placement.”

(Referenced from CCRN Pediatric – Direct Care: Pulmonary, Air Leak Syndromes and Ventilator Complications)