Q&A

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Question: 1

Which of the following is a triage priority category based on acuity and resources in a pediatric emergency setting?

A. Priority 1 - Immediate
B. Priority 2 - Emergent
C. Priority 3 - Urgent
D. Priority 4 - Non-urgent

Answer: A

Explanation: Priority 1 - Immediate is a triage priority category based on acuity and resources in a pediatric emergency setting. This category is assigned to patients with life-threatening conditions who require immediate intervention and have the highest priority for limited resources. Priority 2 - Emergent, Priority 3 - Urgent, and Priority 4 - Non-urgent are also triage priority categories but reflect lower acuity and urgency compared to Priority 1.

Question: 2

A child suspected of having a highly contagious infectious disease is brought to the emergency department. In order to prevent the spread of the disease, the nurse should implement which isolation precaution?

A. Droplet isolation
B. Airborne isolation
C. Contact isolation
D. Standard precautions

Answer: B

Explanation: Airborne isolation is used to prevent the transmission of highly contagious airborne diseases. It involves placing the patient in a negative pressure room and using respiratory protection for healthcare providers. Droplet isolation is used for diseases spread through respiratory droplets, contact isolation is used for diseases spread through direct contact, and standard precautions are used for general infection control measures.

Question: 3

In a busy pediatric emergency department, the nurse is responsible for triaging patients based on their acuity and available resources. Which of the following patients would be the highest priority for immediate medical intervention?

A. A 2-year-old with a minor laceration on their finger
B. A 6-year-old with a suspected fracture of the arm
C. An 8-year-old with a fever and respiratory distress
D. A 10-year-old with a sprained ankle and mild pain

Answer: C

Explanation: Triage priority is determined by the acuity of the patient's condition and the available resources. In this scenario, the 8-year-old with a fever and respiratory distress is likely experiencing a more severe illness or infection, requiring immediate medical intervention to address the respiratory distress. The other options describe less urgent conditions or injuries.

Question: 4

When assessing a pediatric patient's pain, which of the following is a recommended non-pharmacological intervention?

A. Nonsteroidal anti-inflammatory drugs (NSAIDs)
B. Intranasal fentanyl
C. Patient-controlled analgesia (PCA)
D. Distraction techniques

Answer: D

Explanation: Distraction techniques are recommended as a non-pharmacological intervention for pediatric patients experiencing pain. Distraction techniques divert the child's attention away from the painful stimulus, reducing their perception of pain. Examples of distraction techniques include interactive toys, games, music, storytelling, or deep breathing exercises. Nonsteroidal anti-inflammatory drugs (NSAIDs), intranasal fentanyl, and patient-controlled analgesia (PCA) are pharmacological interventions used for pain management and are not classified as non-pharmacological interventions.

Question: 5

During the history and physical assessment of a child in the emergency department, the nurse performs the primary survey. Which of the following is NOT part of the primary survey?

A. Determining the child's developmental milestones
B. Evaluation of circulation and hemorrhage control
C. Assessment of airway and breathing
D. Quick assessment of disability or neurological status

Answer: A

Explanation: The primary survey is the initial assessment performed to identify and address life-threatening conditions. It consists of assessing the airway and breathing, evaluating circulation and hemorrhage control, and conducting a

quick assessment of disability or neurological status. Determining the child's developmental milestones is not part of the primary survey, but rather falls under the secondary survey which focuses on a more comprehensive assessment of the child's condition.

Question: 6

A mass casualty event has occurred, and the pediatric emergency department is receiving multiple injured children simultaneously. The nurse's immediate priority is to:

A. Stabilize the most critically injured children
B. Mobilize additional healthcare providers
C. Secure additional supplies and equipment
D. Initiate triage and assign acuity levels

Answer: D

Explanation: In a mass casualty event, the immediate priority for the nurse is to initiate triage and assign acuity levels to prioritize care based on the severity of injuries. This allows for efficient allocation of resources and immediate attention to the most critically injured children. Mobilizing additional healthcare providers, securing supplies, and stabilizing the most critically injured children are subsequent actions that follow the initiation of triage.

Question: 7

During a pediatric emergency assessment, the nurse uses the Pediatric Assessment Triangle (PAT) to gather important information about the child's condition. Which of the following components is NOT part of the PAT?

A. Appearance
B. Work of breathing

C. Mobility
D. Circulation

Answer: C

Explanation: The Pediatric Assessment Triangle (PAT) consists of three components: Appearance, Work of Breathing, and Circulation. These components are assessed to quickly gather critical information about the child's overall condition. Mobility is not part of the PAT and is not specifically assessed using this framework.

Question: 8

In the context of emergency preparedness, what does EMTALA stand for?

A. Emergency Mass Triage and Logistics Administration
B. Emergency Management and Triage for All
C. Emergency Medicine Training and Accreditation Liability Act
D. Emergency Medical Treatment and Active Labor Act

Answer: D

Explanation: EMTALA stands for Emergency Medical Treatment and Active Labor Act. It is a federal law in the United States that requires hospitals with emergency departments to provide appropriate medical screening, stabilization, and transfer of patients, regardless of their ability to pay or insurance status. EMTALA ensures that individuals seeking emergency medical care receive necessary treatment and are not denied care based on financial considerations. The other options listed do not accurately represent the acronym EMTALA.

Question: 9

In the context of pediatric emergency care, which of the following legal issues

is related to the preservation of forensic evidence?

A. Consent for treatment
B. Chain of custody
C. Government regulations
D. HIPAA compliance

Answer: B

Explanation: Chain of custody is the legal issue related to the preservation of forensic evidence in the context of pediatric emergency care. Chain of custody refers to the documentation and control of evidence from the time it is collected until it is presented in court. It ensures that the evidence is properly handled, stored, and protected to maintain its integrity and admissibility in legal proceedings. Consent for treatment, government regulations, and HIPAA compliance are important legal issues in pediatric emergency care but are not directly related to the preservation of forensic evidence.

Question: 10

In the context of pediatric emergency care, which of the following situations is considered mandatory reportable?

A. A child with a suspected fracture
B. A child with a common cold
C. A child with a minor abrasion
D. A child with suspected child abuse/neglect

Answer: D

Explanation: Suspected child abuse/neglect is considered a mandatory reportable situation in pediatric emergency care. Healthcare professionals are

legally obligated to report suspected cases of child abuse or neglect to the appropriate authorities for further investigation and protection of the child. Suspected fractures, common colds, and minor abrasions do not fall under mandatory reporting requirements unless there are additional concerns of abuse or neglect associated with these conditions.

Question: 11

As part of the history and physical assessment, the nurse gathers information about a child's developmental milestones. Which of the following statements about developmental milestones is accurate?

A. Developmental milestones are uniform and occur at the same age for all children.
B. Developmental milestones provide a definitive diagnosis of developmental delays.
C. Developmental milestones are not useful in assessing children with special needs.
D. Developmental milestones encompass physical, cognitive, and social-emotional skills.

Answer: D

Explanation: Developmental milestones are skills or abilities that most children can accomplish by a certain age range. They encompass physical, cognitive, and social-emotional skills. However, it's important to note that developmental milestones are general guidelines and individual children may reach milestones at different times. They do not provide a definitive diagnosis of developmental delays or disabilities but serve as a framework for monitoring a child's growth and development, including children with special needs.

Question: 12

In the context of brain death testing on a child, which of the following findings is confirmatory?

A. Absence of respiratory effort and PaCO2 ≥ 60 mm Hg
B. Electroencephalogram (EEG) revealing low-voltage amplitude
C. Doll's eyes and absent gag reflex
D. Presence of nystagmus and oculovestibular reflexes

Answer: A

Explanation: The absence of respiratory effort and an arterial partial pressure of carbon dioxide (PaCO2) level of 60 mm Hg or higher is a confirmatory finding for brain death in children. Brain death is diagnosed based on a comprehensive clinical evaluation and confirmatory tests. The absence of respiratory effort indicates loss of the brainstem's ability to control breathing, and a high PaCO2 level reflects the inability to compensate for rising carbon dioxide levels. The other options listed are not specific to brain death and do not provide confirmatory evidence for this diagnosis.

Question: 13

During the secondary survey of a child in the emergency department, the nurse assesses the child's behavioral status and risk for harm. Which of the following would be considered a risk-taking behavior?

A. Crying and expressing fear or distress
B. Engaging in age-appropriate play activities
C. Seeking comfort from a caregiver
D. Displaying aggressive or violent behavior

Answer: D

Explanation: Risk-taking behaviors refer to actions that involve potential harm

or danger to oneself or others. Displaying aggressive or violent behavior would be considered a risk-taking behavior. Crying and expressing fear or distress, engaging in age-appropriate play activities, and seeking comfort from a caregiver are not risk-taking behaviors but rather normal responses or coping mechanisms in certain situations.

Question: 14

During the assessment of a child in the emergency department, the nurse gathers information about the child's sexual orientation and gender identity. What is the primary reason for assessing these aspects of the child's identity?

A. To ensure appropriate social support is provided during the hospital stay
B. To determine if the child's sexual orientation or gender identity is related to the presenting complaint
C. To identify potential risk factors for self-harm or suicidal ideation
D. To assess the child's understanding of sexual and reproductive health education

Answer: C

Explanation: Assessing a child's sexual orientation and gender identity is important to identify potential risk factors for self-harm or suicidal ideation. LGBTQ+ youth may face unique challenges and higher rates of mental health concerns, so understanding their sexual orientation and gender identity can help healthcare providers provide appropriate support and interventions. It is not primarily done to ensure social support during the hospital stay, determine the relationship to the presenting complaint, or assess sexual and reproductive health education.

Question: 15

Which of the following milestones is typically achieved by a 12-month-old child?

A. Babbling consonant sounds
B. Crawling
C. Rolling from back to front
D. Walking independently

Answer: D

Explanation: Walking independently is a milestone typically achieved by a 12-month-old child. Most children begin walking between the ages of 9 and 15 months, with 12 months being an average age for this developmental milestone. Crawling usually occurs earlier in infancy (around 7-9 months), rolling from back to front is typically achieved around 4 to 6 months, and babbling consonant sounds is a milestone seen around 6 to 9 months.

Question: 16

Which of the following assessment tools is most appropriate for evaluating the behavioral status and risk for harm in a pediatric patient?

A. Glasgow Coma Scale (GCS)
B. Pediatric Assessment Triangle (PAT)
C. Wong-Baker FACES Pain Rating Scale
D. Modified Rankin Scale (mRS)

Answer: B

Explanation: The most appropriate assessment tool for evaluating the behavioral status and risk for harm in a pediatric patient is the Pediatric

Assessment Triangle (PAT). The PAT is a rapid visual assessment tool used to identify children who are seriously ill or injured. It evaluates three key components: appearance, work of breathing, and circulation to the skin. By observing the child's general appearance, breathing effort, and skin color, clinicians can quickly determine if the child is sick or not sick and prioritize their care accordingly. The other options listed are not specific to assessing behavioral status and risk for harm in pediatric patients.

Question: 17

A 12-year-old female presents to the emergency department with a high fever, severe headache, and neck stiffness. The pediatric nurse suspects meningitis and performs a visual assessment to determine the child's overall condition. Which of the following findings would indicate that the child is "sick" rather than "not sick"?

A. Smiling and making eye contact with the nurse
B. Mildly flushed cheeks and warm skin
C. Rapid breathing and increased work of breathing
D. Active and playful behavior

Answer: C

Explanation: In a visual assessment, the nurse evaluates the child's overall appearance to determine if they are "sick" or "not sick." Rapid breathing and increased work of breathing indicate respiratory distress, which is a sign of illness and suggests a more severe condition. The other options (smiling and making eye contact, mildly flushed cheeks and warm skin, active and playful behavior) may be seen in children who are not acutely ill and would suggest a "not sick" status.

Question: 18

During a mass casualty incident involving chemical or biological agents, which of the following is the primary goal of decontamination?

A. Eliminate all traces of the contaminant from the environment
B. Neutralize the toxic effects of the contaminant
C. Provide immediate medical treatment to affected individuals
D. Prevent the spread of the contaminant to unaffected areas

Answer: D

Explanation: During a mass casualty incident involving chemical or biological agents, the primary goal of decontamination is to prevent the spread of the contaminant to unaffected areas. Decontamination involves removing or neutralizing the contaminant from exposed individuals and their belongings to minimize the risk of further contamination. It is essential to establish a decontamination area where affected individuals can be safely and efficiently decontaminated before entering treatment areas. The other options listed do not address the primary goal of decontamination during a mass casualty incident.

Question: 19

In the event of a chemical or biological agent exposure, the nurse plays a crucial role in decontamination. Which of the following actions is NOT a part of the decontamination process?

A. Removing contaminated clothing and jewelry
B. Administering an antidote medication
C. Applying a chemical neutralizing agent to the skin
D. Flushing the affected area with copious amounts of water

Answer: B

Explanation: The decontamination process involves removing contaminated clothing and jewelry, flushing the affected area with copious amounts of water, and applying a chemical neutralizing agent to the skin if appropriate. Administering an antidote medication is not part of the decontamination process but rather a medical treatment specific to the toxic effects of the chemical or biological agent.

SAMPLE QUESTIONS