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PNCB Certified Pediatric Nurse Practitioner - Acute Care

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Question: 1

A 6-year-old child presents with a high-grade fever, sore throat, and enlarged tonsils with white patches. The child has difficulty swallowing and complains of neck pain. Which of the following is the most appropriate next step in management?

- A. Administer antibiotics empirically
- B. Perform a rapid strep test
- C. Order a throat culture
- D. Refer the child for tonsillectomy

Answer: B

Explanation: The presentation of a high-grade fever, sore throat, enlarged tonsils with white patches, difficulty swallowing, and neck pain is consistent with a possible streptococcal pharyngitis (strep throat). The most appropriate next step in management is to perform a rapid strep test (option B). This test provides rapid results and helps identify the presence of group A *Streptococcus* bacteria, which is the most common cause of bacterial pharyngitis. If the rapid strep test is positive, antibiotics can be initiated. If the rapid strep test is negative, a throat culture (option C) can be performed to further confirm the diagnosis. Empirical administration of antibiotics (option A) without confirming the presence of group A *Streptococcus* is not recommended. Referral for tonsillectomy (option D) is not indicated as the first-line management for strep throat.

Question: 2

A 14-year-old adolescent presents with a history of recurrent episodes of depression and exhibits symptoms of irritability, poor concentration, and changes in appetite and sleep patterns. The nurse practitioner suspects major

depressive disorder (MDD). Which of the following interventions is considered first-line treatment for MDD in adolescents?

- A. Selective serotonin reuptake inhibitors (SSRIs)
- B. Cognitive-behavioral therapy (CBT)
- C. Tricyclic antidepressants (TCAs)
- D. Electroconvulsive therapy (ECT)

Answer: B

Explanation: First-line treatment for major depressive disorder (MDD) in adolescents typically involves cognitive-behavioral therapy (CBT). CBT is a type of psychotherapy that focuses on identifying and changing negative thought patterns, improving coping skills, and promoting behavioral changes. It has been shown to be effective in treating depression in adolescents and is generally preferred as the initial treatment option. Selective serotonin reuptake inhibitors (SSRIs) may also be used as adjunctive treatment or as a standalone treatment option in moderate to severe cases of MDD. Tricyclic antidepressants (TCAs) are generally not recommended as the first-line treatment for MDD in adolescents due to their side effect profile. Electroconvulsive therapy (ECT) is reserved for severe cases of depression that are unresponsive to other treatments or in cases of urgent clinical need.

Question: 3

A 7-year-old child presents with recurrent episodes of wheezing, coughing, and shortness of breath, particularly at night or with exercise. The nurse practitioner suspects asthma. Which of the following medications is considered a long-term controller medication for asthma in children?

- A. Albuterol (short-acting beta-agonist)
- B. Montelukast (leukotriene receptor antagonist)
- C. Ipratropium (anticholinergic)

D. Prednisone (systemic corticosteroid)

Answer: B

Explanation: Montelukast, a leukotriene receptor antagonist, is considered a long-term controller medication for asthma in children. It is used as an adjunctive therapy to prevent and control asthma symptoms in children. Montelukast works by blocking the action of leukotrienes, which are inflammatory mediators involved in the pathogenesis of asthma. Albuterol is a short-acting beta-agonist and is used as a rescue or quick-relief medication for acute asthma symptoms. Ipratropium is an anticholinergic medication that may be used in combination with other bronchodilators in certain cases. Prednisone is a systemic corticosteroid and is typically used as a short-term treatment for acute exacerbations of asthma.

Question: 4

A 12-year-old child is admitted to the pediatric intensive care unit following a severe traumatic brain injury. The nurse practitioner assesses the child's level of consciousness using the Glasgow Coma Scale (GCS). Which of the following findings would indicate the most severe impairment of consciousness?

- A. Eye opening to pain (2)
- B. Incomprehensible sounds (2)
- C. Localizes to pain (5)
- D. Spontaneous eye opening (4)

Answer: B

Explanation: The Glasgow Coma Scale (GCS) is a tool used to assess the level of consciousness in patients with traumatic brain injury. The scale consists of three components: eye opening, verbal response, and motor response. Each component is assigned a score, and the cumulative score represents the level of

consciousness. In the GCS, lower scores indicate more severe impairment of consciousness. In this case, "Incomprehensible sounds" (2) indicates a lower level of consciousness compared to "Eye opening to pain" (2), "Localizes to pain" (5), and "Spontaneous eye opening" (4).

Question: 5

A 3-month-old infant is diagnosed with congenital heart disease. The nurse practitioner is assessing the infant's heart sounds. Which of the following findings would be consistent with a ventricular septal defect (VSD)?

- A. A loud, harsh systolic murmur at the left sternal border
- B. A continuous machinery-like murmur throughout systole and diastole
- C. A high-pitched, blowing diastolic murmur at the left upper sternal border
- D. A soft, blowing holosystolic murmur at the apex

Answer: A

Explanation: Ventricular septal defect (VSD) is a common congenital heart defect characterized by an abnormal opening in the ventricular septum, causing communication between the left and right ventricles. The characteristic auscultatory finding in VSD is a loud, harsh systolic murmur at the left sternal border. This murmur is caused by the turbulent blood flow across the defect during ventricular systole. The other options listed are not consistent with the typical murmur findings of VSD.

Question: 6

A 10-month-old who is otherwise healthy has had emesis with intermittent periods of intense crying and is passing red stool. Which of the following actions should be done FIRST?

- A. Order a complete blood count

- B. Obtain an abdominal ultrasound
- C. Obtain an abdominal radiograph
- D. Schedule surgical evaluation for the next day

Answer: B

Explanation: The presenting symptoms of emesis, intense crying, and passing red stool in an otherwise healthy 10-month-old raise concern for possible gastrointestinal pathology. The first step in the evaluation should be obtaining an abdominal ultrasound. This imaging modality can provide valuable information about the gastrointestinal tract, such as identifying any structural abnormalities, bowel obstructions, or intussusception. It is a non-invasive and safe procedure, making it an appropriate first step in the diagnostic workup. Ordering a complete blood count (option A) may be considered if there are signs of dehydration or suspected infection. An abdominal radiograph (option C) may be helpful in certain situations but is less sensitive and specific compared to an ultrasound. Scheduling a surgical evaluation for the next day (option D) may be necessary if the child's condition deteriorates or if there are signs of a surgical emergency, but it is not the first step in the evaluation process.

Question: 7

A 12-year-old patient presents with abdominal pain, diarrhea, and weight loss. Physical examination reveals mouth ulcers and perianal skin tags. Which of the following conditions should be suspected?

- A. Crohn's disease
- B. Irritable bowel syndrome
- C. Celiac disease
- D. Ulcerative colitis

Answer: A

Explanation: The combination of abdominal pain, diarrhea, weight loss, mouth ulcers, and perianal skin tags is suggestive of Crohn's disease. Crohn's disease is a chronic inflammatory condition that can affect any part of the gastrointestinal tract, commonly involving the terminal ileum and colon. Symptoms include abdominal pain, diarrhea (which can be bloody), weight loss, and extraintestinal manifestations such as mouth ulcers and perianal skin tags. Irritable bowel syndrome (option B) typically presents with abdominal pain and changes in bowel habits but does not cause weight loss or extraintestinal manifestations like mouth ulcers and skin tags. Celiac disease (option C) is an autoimmune disorder characterized by an immune reaction to gluten, leading to malabsorption and gastrointestinal symptoms, but it does not typically cause perianal skin tags. Ulcerative colitis (option D) is another form of inflammatory bowel disease, but it primarily involves the colon and rectum, and does not typically present with mouth ulcers or perianal skin tags.

Question: 8

A 6-year-old child with sickle cell disease presents to the emergency department with severe pain crisis. The nurse practitioner plans to initiate pain management using intravenous opioids. Which of the following opioids is commonly used for acute pain management in children?

- A. Morphine
- B. Oxycodone
- C. Fentanyl
- D. Codeine

Answer: A

Explanation: Morphine is a commonly used opioid for acute pain management

in children. It is effective in providing analgesia and has a well-established dosing regimen for pediatric patients. Morphine can be administered intravenously and is available in various formulations suitable for different routes of administration. Oxycodone, fentanyl, and codeine are also opioids used for pain management, but they may have specific indications or considerations and may not be as commonly used as morphine in the pediatric population.

Question: 9

Which of the following medications has the **GREATEST** risk for medication-induced pancreatitis?

- A. Enalapril
- B. Quetiapine
- C. Valproic acid
- D. Vancomycin

Answer: C

Explanation: Valproic acid has the greatest risk for medication-induced pancreatitis. Valproic acid is an antiepileptic medication commonly used in the treatment of seizure disorders and mood disorders. Although pancreatitis is a rare adverse effect of valproic acid, it has been reported in the literature. The exact mechanism of valproic acid-induced pancreatitis is not fully understood, but it is thought to involve direct toxic effects on pancreatic cells and disruption of pancreatic enzyme secretion. Enalapril (option A) is an angiotensin-converting enzyme (ACE) inhibitor used to treat hypertension and heart failure and is not associated with pancreatitis. Quetiapine (option B) is an atypical antipsychotic used in the treatment of psychiatric disorders and does not have a significant association with pancreatitis. Vancomycin (option D) is an antibiotic commonly used to treat serious infections caused by gram-positive bacteria and is not known to be a major risk factor for pancreatitis.

Question: 10

A 10-year-old child with a history of asthma presents with acute exacerbation of respiratory symptoms. Despite initial treatment with inhaled bronchodilators, the child continues to have severe respiratory distress and wheezing. Which of the following is the most appropriate next step in management?

- A. Administer systemic corticosteroids
- B. Initiate continuous nebulized bronchodilator therapy
- C. Perform a chest X-ray
- D. Administer intravenous magnesium sulfate

Answer: B

Explanation: In the setting of an acute exacerbation of asthma that is not responding to initial treatment with inhaled bronchodilators, the most appropriate next step in management is to initiate continuous nebulized bronchodilator therapy (option B). Continuous nebulized bronchodilator therapy, such as continuous albuterol, can help provide sustained bronchodilation and improve respiratory symptoms in severe cases of asthma exacerbation. Administering systemic corticosteroids (option A) is also an important component of management and should be initiated early in the treatment of acute asthma exacerbation. However, in this scenario, the immediate priority is to address the ongoing respiratory distress. Performing a chest X-ray (option C) may be considered if there is concern for alternative or complicating diagnoses, such as pneumonia or pneumothorax, but it is not the most appropriate next step in managing an acute asthma exacerbation. Administering intravenous magnesium sulfate (option D) is a possible adjunctive therapy in severe asthma exacerbations, but it is typically considered after initial bronchodilator therapy and systemic corticosteroids have been initiated.

Question: 11

A 9-year-old child is diagnosed with type 1 diabetes mellitus. The nurse practitioner is educating the child and the family about insulin administration. Which of the following insulin regimens is commonly used for children with type 1 diabetes?

- A. Basal-bolus regimen with multiple daily injections
- B. Sliding scale insulin regimen
- C. Continuous subcutaneous insulin infusion (insulin pump)
- D. Long-acting insulin once daily

Answer: A

Explanation: The most common insulin regimen for children with type 1 diabetes is the basal-bolus regimen with multiple daily injections. This regimen involves administering a long-acting or basal insulin once or twice daily to provide a background insulin level, and rapid-acting or bolus insulin before meals to cover the postprandial rise in blood glucose. This regimen provides flexibility in insulin dosing and closely mimics the physiological insulin secretion. Sliding scale insulin regimens are not recommended as the primary insulin regimen for children with type 1 diabetes. Continuous subcutaneous insulin infusion (insulin pump) is an alternative method of insulin delivery that may be used in certain cases. Long-acting insulin once daily may not provide adequate coverage for postprandial glucose excursions.

Question: 12

A 5-year-old child presents with a persistent dry cough, low-grade fever, and wheezing. The cough is worse at night and during physical activity. Which of the following is the most likely diagnosis?

- A. Asthma
- B. Pneumonia
- C. Bronchiolitis
- D. Allergic rhinitis

Answer: A

Explanation: The persistent dry cough, wheezing, and exacerbation of symptoms at night and during physical activity are suggestive of asthma. Asthma is a chronic inflammatory condition of the airways characterized by bronchospasm, increased mucus production, and airway hyperresponsiveness. It commonly presents with symptoms such as cough, wheezing, and shortness of breath. The low-grade fever may be associated with an underlying respiratory infection or inflammation. Pneumonia (option B) typically presents with a productive cough, fever, and respiratory distress. Bronchiolitis (option C) is characterized by wheezing, cough, and respiratory distress, but it is more common in infants and younger children. Allergic rhinitis (option D) usually presents with symptoms such as sneezing, itching, and clear nasal discharge, without wheezing or significant cough.

Question: 13

A 14-year-old patient presents with acute-onset severe headache, vomiting, and altered mental status. On physical examination, there is nuchal rigidity and photophobia. Which of the following is the most appropriate next step in management?

- A. Perform a lumbar puncture
- B. Order a head CT scan
- C. Administer intravenous antibiotics

D. Initiate antiepileptic medication

Answer: B

Explanation: The acute onset of severe headache, vomiting, altered mental status, nuchal rigidity, and photophobia raises concern for possible meningitis. The most appropriate next step in management is to order a head CT scan (option B). A head CT scan is performed first to evaluate for any signs of increased intracranial pressure or other structural abnormalities that may contraindicate lumbar puncture. If the head CT scan does not reveal any contraindications, a lumbar puncture (option A) should be performed to obtain cerebrospinal fluid for analysis and definitive diagnosis. Administering intravenous antibiotics (option C) should be considered after obtaining appropriate cultures from the lumbar puncture and confirming the diagnosis of bacterial meningitis. Initiating antiepileptic medication (option D) is not the first step in management and should be considered if there is evidence of seizures or ongoing seizure activity.

Question: 14

A 4-year-old child presents with recurrent urinary tract infections (UTIs). The nurse practitioner suspects vesicoureteral reflux (VUR) as the underlying cause. Which of the following diagnostic tests is most commonly used to confirm the diagnosis of VUR?

- A. Voiding cystourethrogram (VCUG)
- B. Renal ultrasound
- C. Urine culture and sensitivity
- D. Nuclear scintigraphy (DMSA scan)

Answer: A

Explanation: The most commonly used diagnostic test to confirm the diagnosis of vesicoureteral reflux (VUR) is a voiding cystourethrogram (VCUG). A VCUG involves the instillation of contrast material into the bladder followed by imaging with fluoroscopy during voiding. This test allows visualization of the urethra, bladder, and ureters and can determine the presence and severity of VUR. Renal ultrasound, urine culture and sensitivity, and nuclear scintigraphy (DMSA scan) may be used as adjunctive tests in the evaluation of VUR, but VCUG is the primary diagnostic test for confirming the diagnosis.

Question: 15

A 5-year-old child with acute lymphoblastic leukemia (ALL) presents with a high-grade fever, chills, and fatigue. The nurse practitioner suspects sepsis and orders a blood culture. The appropriate site for obtaining a blood culture in this child is:

- A. femoral vein
- B. radial artery
- C. jugular vein
- D. peripheral vein

Answer: D

Explanation: When obtaining a blood culture in a child with suspected sepsis, the appropriate site is a peripheral vein. The peripheral veins, such as those in the arm or hand, are commonly used for blood culture collection in pediatric patients. It is a relatively less invasive site compared to central veins, and it allows for easier access and reduced risk of complications. The femoral vein, radial artery, and jugular vein are not typically used for obtaining blood cultures unless there are specific indications or circumstances requiring their use.

Question: 16

An acute care pediatric nurse practitioner's new oncology service role will include lumbar punctures. The legal authority to perform this task is BEST determined by:

- A. obtaining credentials through board certification
- B. state board's scope of practice for nurse practitioners
- C. collaborating physician's determination of practitioner's skills
- D. preparation obtained from the acute care educational program

Answer: B

Explanation: The legal authority for a nurse practitioner to perform specific tasks, such as lumbar punctures, is determined by the state board's scope of practice for nurse practitioners. Each state has its own regulations and guidelines outlining the procedures and responsibilities that nurse practitioners are authorized to perform. It is essential for nurse practitioners to be familiar with these regulations and work within the defined scope of practice to ensure legal compliance and patient safety. While obtaining credentials through board certification, collaborating with a physician, and acquiring skills through an educational program are important aspects of professional development, the ultimate determination of legal authority lies with the state board's scope of practice.

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