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Question: 1151

A 6-year-old child with terminal hepatic failure is in the final days of life. The nurse performs a physical assessment and notes diffuse skin mottling extending from the ankles up to the mid-thighs. The parents ask anxiously, "What do these purple splotches on her legs mean? Is she cold?" What is the most accurate and compassionate nursing explanation?

- A. The mottling indicates a localized skin infection that requires immediate intravenous antibiotic therapy.
- B. The spots mean her body is retaining toxic waste products, which can be reversed with a high-dose diuretic.
- C. This is an allergic reaction to her pain medication, and we must stop all opioids immediately to save her skin.
- D. These changes are a natural sign that her heart is slowing down and circulation is concentrating in her core; she is likely not cold.

Answer: D

Explanation: Mottling is a classic physical sign of imminent death, resulting from decreased peripheral perfusion as the cardiovascular system fails and shunts blood to vital organs. Educating parents that this is a normal, non-painful part of the dying process reduces anxiety and prevents inappropriate requests for interventions (like antibiotics or blankets that could overheat the child). It is not caused by infection, drug allergies, or treatable fluid retention. Stopping opioids abruptly would cause a catastrophic pain crisis.

Question: 1152

In providing palliative care for a child with a musculoskeletal disorder, which of the following non-pharmacologic interventions is most likely to improve the patient's comfort and mobility?

- A. Gentle range-of-motion exercises

- B. Strict positioning without movement
- C. Complete bed rest
- D. Limiting social interactions

Answer: A

Explanation: Gentle range-of-motion exercises can improve comfort and mobility in children with musculoskeletal disorders, enhancing quality of life without exacerbating pain.

Question: 1153

A 12-year-old girl with a history of sickle cell disease is in the emergency department with a pain crisis. She rates her pain as 9/10. After administering IV morphine, what is the most appropriate next step in her pain management?

- A. Switch to oral analgesics for pain management
- B. Assess pain level after 30 minutes
- C. Administer a nonsteroidal anti-inflammatory drug (NSAID)
- D. Increase the morphine dose immediately

Answer: B

Explanation: After administering IV morphine, it is essential to assess the pain level after 30 minutes to determine the effectiveness of the intervention. This assessment will guide further pain management decisions. Increasing the morphine dose without evaluating its effect may lead to overdose, switching to oral analgesics is inappropriate in acute settings, and NSAIDs should be used cautiously in this population.

Question: 1154

A 12-year-old child with a terminal illness expresses a desire to see their friends one last

time. What is the most appropriate response from the nurse to facilitate this request?

- A. Ignoring the request to focus on medical care
- B. Denying the request due to the child's condition
- C. Discussing the implications and helping the family arrange a visit while considering the child's health
- D. Suggesting the child communicate with friends via video calls instead

Answer: C

Explanation: Discussing the implications and facilitating arrangements allows the child's wishes to be honored while ensuring that their health and safety are considered, promoting emotional well-being.

Question: 1155

When transitioning a pediatric patient from intravenous to oral analgesics, which of the following calculations is critical to ensure appropriate pain management during the transition?

- A. Doubling the intravenous dose for oral administration
- B. Reducing the dose by 50% to prevent overdose
- C. Administering the same dose as the intravenous medication
- D. Converting the intravenous dose to the oral equivalent based on the bioavailability of the medication

Answer: D

Explanation: Converting the intravenous dose to the oral equivalent based on bioavailability is essential to ensure effective pain management during the transition.

Question: 1156

A 4-year-old child with terminal neurodegenerative Sanfilippo syndrome is admitted with a high fever, tachypnea, and coarse breath sounds. The child has an weak cough reflex and is experiencing frequent microaspirations of salivary secretions. The family's primary goal is maximizing comfort at home. Which medication should the hospice nurse administer to manage the distressing rattling airway secretions?

- A. Diphenhydramine orally every 6 hours
- B. Glycopyrrolate subcutaneously or orally
- C. Guaifenesin syrup via gastrostomy tube
- D. Albuterol via nebulizer every 4 hours

Answer: B

Explanation: "Death rattle" or terminal respiratory secretions are caused by the accumulation of saliva and pharyngeal secretions in the hypopharynx when a patient is too weak or neurologically impaired to swallow or clear their airway. Anticholinergic medications like glycopyrrolate or scopolamine reduce the production of salivary and bronchial secretions by blocking muscarinic receptors. Glycopyrrolate is preferred by many clinicians because it does not cross the blood-brain barrier, reducing the risk of central side effects like paradoxical agitation or sedation. Albuterol is a bronchodilator and does not dry secretions; it can also cause tachycardia and anxiety. Guaifenesin is an expectorant that thins secretions and increases their volume, which can worsen choking in a child with an ineffective cough.

Question: 1157

A nurse is discussing the national hospice and palliative care standards with a group of healthcare personnel. Which statement best reflects the core focus of these standards in patient care?

- A. They emphasize the need for strict adherence to medical protocols.
- B. They prioritize interdisciplinary collaboration and holistic care for patients and families.
- C. They advocate for limiting family involvement in care decisions.

D. They focus solely on physical symptom management.

Answer: B

Explanation: The national hospice and palliative care standards prioritize interdisciplinary collaboration and holistic care, ensuring that all aspects of a patient's and family's needs are addressed comprehensively.

Question: 1158

A 15-year-old adolescent with end-stage Duchenne muscular dystrophy is transitioning from an acute care pediatric intensive care unit to home hospice care. The family is overwhelmed by the amount of medical equipment required for the transfer. Which nursing action best facilitates a safe and seamless care transition?

- A.** Instruct the family to independently call the various medical supply companies to arrange delivery times and troubleshoot any mechanical issues with the ventilator before discharge day.
- B.** Minimalize the preparation text and tell the parents that the home hospice team will figure out the equipment setup and electrical requirements once the patient arrives at the house.
- C.** Recommend that the family keep the adolescent in the intensive care unit permanently to avoid the logistical stress and inherent safety risks of moving to a residential setting.
- D.** Coordinate a pre-discharge planning conference involving the home hospice nurse, hospital team, equipment vendors, and family to verify that all home resources and emergency plans are established.

Answer: D

Explanation: Care transitions for high-acuity pediatric palliative care patients are high-risk periods for fragmentation and medical errors. A collaborative, proactive pre-discharge conference ensures that all technical, clinical, and psychological supports are aligned. Verifying that equipment (such as ventilators, backup power, and suction) is delivered, functional, and that caregivers are educated prior to the physical move is essential for

maintaining safety and mitigating family panic.

Question: 1159

A 1-year-old infant with congenital heart defects is being evaluated for signs of heart failure. The nurse notes a heart rate of 180 bpm and mild peripheral edema. What is the most appropriate nursing diagnosis for this infant?

- A. Impaired Gas Exchange related to pulmonary congestion
- B. Activity Intolerance related to decreased cardiac output
- C. Risk for Impaired Skin Integrity related to edema
- D. Ineffective Breathing Pattern related to increased heart rate

Answer: A

Explanation: The presence of tachycardia and peripheral edema in an infant with congenital heart defects suggests pulmonary congestion, leading to impaired gas exchange. This diagnosis addresses the critical need for monitoring and intervention to optimize respiratory function.

Question: 1160

In evaluating compliance with CMS regulations for hospice care, which of the following elements is essential for ensuring that patients receive appropriate levels of care?

- A. Regular assessment of the patient's pain management needs
- B. Annual training sessions for hospice staff on hospice regulations
- C. Documentation of patient prognosis every three months
- D. Mandatory attendance of family members at interdisciplinary care meetings

Answer: A

Explanation: Regular assessment of the patient's pain management needs is crucial for compliance and quality of care, ensuring that interventions are adjusted as necessary.

Question: 1161

A 6-month-old infant with spinal muscular atrophy type 1 is exhibiting signs of distress, including facial grimacing, intermittent leg pulling toward the abdomen, and inconsolable crying. The infant's mother believes the infant is in pain, but the bedside nurse notes that the heart rate and blood pressure are within normal limits for age. Which action should the hospice nurse take first?

- A. Assess the infant using the Face, Legs, Activity, Cry, Consolability (FLACC) behavioral pain scale.
- B. Request a prescription for an anxiolytic medication to address underlying infant distress.
- C. Administer a breakthrough dose of an opioid analgesic based on the mother's assessment.
- D. Advise the mother that the normal vital signs indicate the infant is not experiencing acute pain.

Answer: A

Explanation: Behavioral pain scales such as the FLACC scale are the gold standard for objective pain assessment in non-verbal infants and young children. Vital signs are unreliable indicators of chronic or persistent pain in pediatric palliative care because the autonomic nervous system adapts over time. Validating the mother's observations with a standardized tool provides a reliable baseline for titration before initiating or altering pharmacological interventions.

Question: 1162

A 14-year-old patient with advanced heart failure is being evaluated for palliative care. The interdisciplinary team identifies that the patient's main symptom is severe fatigue impacting

their daily activities. What should the team prioritize in this care plan?

- A. Strict bed rest to minimize strain on the heart
- B. Interventions aimed at enhancing energy levels and promoting comfort
- C. Limiting activities to reduce fatigue without discussing the patient's desires
- D. Aggressive treatment options to prolong life

Answer: B

Explanation: Prioritizing interventions that enhance comfort and promote energy levels aligns with the patient's quality of life goals, which are central to palliative care.

Question: 1163

A nurse is assessing a child receiving palliative radiation therapy for bone pain. Which symptom would most likely indicate an adverse reaction to the treatment?

- A. Occasional nausea
- B. Improved mobility
- C. Mild fatigue
- D. Increased pain in the treated area

Answer: D

Explanation: Increased pain in the treated area is concerning and may indicate an adverse reaction to radiation therapy, necessitating further assessment and possible intervention.

Question: 1164

A 10-year-old child with a history of seizures is admitted for evaluation after experiencing increased frequency and duration of seizures. The child is currently on antiepileptic medication. What is the most appropriate nursing action?

- A. Increase the frequency of neurological assessments
- B. Check serum levels of current antiepileptic medication
- C. Prepare for a seizure protocol
- D. Administer a loading dose of a new antiepileptic medication

Answer: B

Explanation: Checking serum levels of the current antiepileptic medication is essential to determine if subtherapeutic levels are contributing to the increased seizure activity. This information will guide further treatment decisions.

Question: 1165

The parents of a 3-year-old child with terminal neuroblastoma ask the home hospice nurse how they can help their child engage in memory-making activities since the child is too young to write letters or articulate complex long-term wishes. Which option should the nurse suggest?

- A. Instruct the parents to wait until the child is older and has a stronger grasp of legacy before attempting any memory-making interventions or keepsake creation.
- B. Encourage the parents to capture the child's colorful finger paintings, handprints in plaster, or audio recordings of their natural laughter and everyday play variations.
- C. Recommend that the parents sit the child down for a structured, two-hour video interview to answer deep existential questions about the meaning of life and their illness journey.
- D. Suggest that the parents buy generic, pre-made memorial scrapbooks from a commercial store to fill out independently without involving the child's direct input or presence.

Answer: B

Explanation: Legacy and memory-making in pediatric palliative care must be tailored to the child's developmental stage. For a toddler, creative, tactile, and non-verbal activities are highly meaningful and developmentally appropriate. Capturing handprints, footprints,

spontaneous artwork, or everyday sounds allows the child to engage in normal, play-based activities while providing the family with irreplaceable, authentic keepsakes that reflect the child's true personality.

Question: 1166

A 4-year-old child with advanced pediatric hepatic tumor is receiving end-of-life care. The child is experiencing visceral pain and is prescribed scheduled liquid acetaminophen. The nurse reviews the child's medication log and notes the child has a significant history of hepatic dysfunction (AST/ALT > 500 U/L). What is the critical safety consideration regarding acetaminophen in this scenario?

- A. Acetaminophen total daily dose must be strictly monitored and reduced to avoid accelerating hepatic necrosis.
- B. Acetaminophen should be given only via the rectal route to completely bypass hepatic metabolism pathways.
- C. Acetaminophen should be discontinued completely and replaced with high-dose scheduled aspirin therapy.
- D. Acetaminophen can be given without restriction because it is cleared entirely via renal filtration mechanisms.

Answer: A

Explanation: Acetaminophen is metabolized primarily by the liver. In pediatric palliative care patients with pre-existing hepatic impairment or tumor infiltration of the liver, the total daily dose must be carefully limited (often reduced to a maximum of 30 to 50 mg/kg/day, or avoided entirely) to prevent compounding liver toxicity and causing acute hepatic failure, regardless of the route of administration.

Question: 1167

A nurse is discussing the national practice guidelines for pediatric palliative care with a

group of healthcare professionals. Which of the following statements best reflects a key guideline in providing care?

- A. Care should be focused solely on physical symptoms, ignoring psychosocial elements.
- B. Family involvement in care decisions is optional and can be disregarded if time is limited.
- C. Interdisciplinary collaboration is essential for addressing the diverse needs of patients and families.
- D. The guidelines apply only to adult patients in palliative care settings.

Answer: C

Explanation: Emphasizing that interdisciplinary collaboration is essential for addressing the diverse needs of patients and families aligns with key guidelines in providing comprehensive pediatric palliative care.

Question: 1168

A 4-year-old girl with a history of severe allergies presents with urticaria and angioedema after eating peanuts. What is the most appropriate nursing intervention?

- A. Apply cold compresses to the affected areas
- B. Prepare for possible intubation
- C. Administer an antihistamine
- D. Monitor vital signs closely

Answer: C

Explanation: Administering an antihistamine is the most appropriate intervention to manage urticaria and angioedema symptoms. While monitoring vital signs is important, addressing the allergic reaction promptly is critical.

Question: 1169

A 16-year-old adolescent with terminal leukemia is being discharged home on a complex pain management regimen involving a subcutaneous PCA pump, an adjuvant antidepressant, and a scheduled laxative. The child's parents express high anxiety about managing these medications correctly at home. Which intervention by the transitional care nurse is most effective to support family comprehension and participation?

- A. Provide a color-coded, simplified daily medication schedule along with hands-on teach-back return demonstrations of the pump.
- B. Tell the parents that the home hospice nurse will handle all medication adjustments, so they do not need to learn the details.
- C. Require the parents to pass a written multiple-choice quiz before allowing the child to be discharged home.
- D. Provide a comprehensive 50-page medical textbook chapter covering pediatric pharmacology and opioid pathways.

Answer: A

Explanation: Enhancing family comprehension and self-efficacy in home pediatric hospice care relies on multimodal, practical education. Clear, simplified, visual schedules reduce errors, while the "teach-back" method and hands-on return demonstrations allow the nurse to objectively verify that the parents can safely operate equipment and administer medications, mitigating anxiety and improving adherence.

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