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Question: 1106

A 3-year-old male with autism spectrum disorder presents post-seizure with heart rate 150 bpm, respiratory rate 28 breaths per minute, blood pressure 88/52 mmHg, temperature 39°C. Labs: glucose 55 mg/dL, sodium 142 mEq/L, calcium 8.5 mg/dL, EEG pending. Physical assessment shows nystagmus. Caregiver reports OTC melatonin for sleep but reconciliation reveals undeclared diphenhydramine exposure from "allergy meds." Nurse prepares urine specimen via catheterization for toxicology. What ethical dilemma emerges regarding behavioral assessment in neurodiverse children?

- A. Skip urine collection to avoid trauma, relying on history alone.
- B. Notify legal authorities for potential poisoning without family input.
- C. Use visual aids for assent, reconcile sedatives to explain seizure, and collect midstream urine ethically minimizing restraint.
- D. Prioritize EEG over labs, deferring reconciliation.

Answer: C

Explanation: Ethical care for neurodiverse children involves modified assent using visuals per 2024 Autism Society guidelines, balancing beneficence with minimal harm during catheterization for toxicology, as diphenhydramine overdose mimics seizures (normal calcium 8.5-10.5 mg/dL). Reconciliation identifies polypharmacy risks in ASD families. Normal toddler vitals: HR 98-140 bpm (tachycardic), RR 22-37/min, BP 88-105/52-66 mmHg, glucose 70-100 mg/dL (borderline low). Sodium normal 135-145 mEq/L. Legal reporting if intentional, but scenario suggests accidental.

Question: 1107

A nurse conducting a health screening for a 2-year-old notes that the child's hemoglobin is 9.5 g/dL (normal 11-13 g/dL) and the mean corpuscular volume (MCV) is 70 fL (normal 75-87 fL). The family has limited access to fresh fruits and vegetables. What is the most appropriate next nursing action?

- A. Schedule the child for a follow-up in 3 months without interventions

- B. Recommend iron supplementation and dietary counseling
- C. Refer the family for genetic testing for thalassemia
- D. Educate on vitamin B12 supplementation only

Answer: B

Explanation: This child has microcytic anemia, consistent with iron deficiency, especially given limited access to iron-rich foods. Iron supplementation and dietary counseling are first-line interventions. Thalassemia testing or vitamin B12 supplementation is not immediately indicated based on this presentation.

Question: 1108

A 16-year-old athlete with exercise-induced bronchoconstriction is prescribed montelukast 10 mg nightly; pre-treatment FEV1 is 80% predicted, improving to 92% post-albuterol. After 4 weeks, the patient reports persistent symptoms during practice, with repeat FEV1 82%. The nurse evaluates medication efficacy in this scenario. Which action constitutes appropriate re-assessment per asthma management standards?

- A. Discontinue montelukast and restart daily ICS despite no prior use
- B. Perform exhaled nitric oxide test and titrate to low-dose ICS if >35 ppb
- C. Order serum IgE levels and consider omalizumab if elevated
- D. Switch to oral theophylline and monitor theophylline levels weekly

Answer: B

Explanation: Montelukast targets leukotriene-mediated inflammation but may insufficiently control exercise-induced symptoms in moderate cases, necessitating step-up therapy; Global Initiative for Asthma (GINA) guidelines advocate fractional exhaled nitric oxide (FeNO) as a non-invasive marker of eosinophilic inflammation, with levels >35 ppb indicating need for ICS addition to enhance efficacy without unnecessary biologics or outdated agents. This avoids abrupt discontinuation risking exacerbations, premature biologics without confirmation, or theophylline which has narrow therapeutic index and side effects in adolescents. Re-evaluation post-adjustment includes symptom diaries and FEV1 to gauge response.

Question: 1109

During the care of a neonate with suspected sepsis, the nurse notes a white blood cell (WBC) count of 25,000/mm³ with increased immature neutrophils. What does this lab result indicate for care planning?

- A. Possible bacterial infection requiring prompt treatment
- B. Normal neonatal WBC count
- C. Viral infection unlikely
- D. No infection present

Answer: A

Explanation: Elevated WBC with increased immature neutrophils suggests bacterial infection or acute inflammatory response, requiring prompt antibiotic therapy and careful monitoring.

Question: 1110

A 12-year-old with juvenile idiopathic arthritis under multiple caregivers shows inconsistent medication adherence. What is the best nursing assessment focus to identify barriers?

- A. Focus solely on the child's willingness to adhere to treatment
- B. Assess the child's physical ability to self-administer medication only
- C. Evaluate the family's financial status exclusively
- D. Explore communication and coordination among caregivers

Answer: D

Explanation: Communication and coordination challenges among multiple caregivers often contribute to inconsistent adherence. Physical ability, financial status, and child willingness are important but looking at caregiver dynamics provides a broader understanding and more effective intervention points.

Question: 1111

A 7-year-old with JODM (C-peptide 0.2 ng/mL, low indicating beta-cell loss) experiences DKA recurrence after parental refusal of CGM due to Amish Ordnung prohibitions on technology, amid rural access issues. pH 7.2. What ethical intervention?

- A. Offer intermittent SMBG training with cultural elder buy-in, subsidize glucometers via community funds, and educate on acidosis risks
- B. Implant CGM forcibly
- C. Accept refusal
- D. Urban transfer

Answer: A

Explanation: DKA (pH <7.3, bicarbonate <15 mEq/L) mortality 0.15% but higher in non-compliance; Amish exemptions require community mediation for tools like SMBG (accuracy 95%). Justice via rural subsidies (e.g., Lions Club) integrates tech minimally, promoting glycemic control (A1C <7.5%) ethically.

Question: 1112

A 5-year-old with leukemia is scheduled for a bone marrow biopsy. To optimize procedural cooperation and pain management, which nurse action reflects evidence-based practice?

- A. Withhold oral sucrose to avoid masking symptoms
- B. Administer oral sucrose before the procedure and provide therapeutic holding during
- C. Use chlorhexidine for pain control at biopsy site
- D. Restrict parent presence during the procedure

Answer: B

Explanation: Oral sucrose reduces procedural pain in young children and therapeutic holding provides comfort and reduces anxiety. Chlorhexidine is antiseptic and does not provide pain control. Parental presence generally helps reduce anxiety.

Question: 1113

A 2-year-old child on a strict cardiac low-sodium diet returns for health re-assessment. Which finding best indicates diet adherence?

- A. Urine sodium consistently below 20 mEq/L
- B. Increased weight gain beyond expected parameters
- C. Elevated serum potassium
- D. Decreased appetite

Answer: A

Explanation: Low urine sodium reflects adherence to sodium restriction. Weight changes or appetite variations are less specific; serum potassium is unrelated to sodium intake.

Question: 1114

A 14-year-old adolescent with a chronic illness requests to withhold certain treatments during hospitalization but has not signed any advance directive. The nursing staff is

unsure whether to honor the request. Which of the following actions is most appropriate for the nurse?

- A. Follow the adolescent's request since they are over 12 years old
- B. Consult with the healthcare provider about the adolescent's capacity to consent
- C. Proceed with all treatments as ordered by the healthcare provider
- D. Contact the parents immediately to make treatment decisions

Answer: B

Explanation: The nurse should consult with the healthcare provider to determine the adolescent's capacity to consent or assent to or refuse treatment, especially when no formal advance directive exists. While adolescents over age 12 often participate in decisions, legal consent usually depends on state laws and medical judgment. Parental involvement is important but should be balanced with respecting mature minors' autonomy.

Question: 1115

A nurse is teaching about medication administration to a school-aged child with leukemia. Which learning evaluation strategy best confirms comprehension and skill?

- A. Watching an educational video only
- B. Nurse explains again without child participation
- C. Child nods during teaching
- D. Return demonstration of oral medication preparation by the child

Answer: D

Explanation: Return demonstration by the child confirms both understanding and ability to execute medication administration safely.

Question: 1116

A 5-year-old child is admitted for evaluation of failure to thrive. The nurse notes that the child is a recent immigrant with limited English proficiency and the mother practices strict vegetarianism. What consideration is most important in the nutritional plan?

- A. Encourage high-protein animal products only
- B. Restrict all high-calorie snacks to prevent obesity
- C. Assess and supplement non-meat sources of essential nutrients like vitamin B12 and iron

D. Recommend a standard American diet without modification

Answer: C

Explanation: Vegetarian diets can be deficient in vitamin B12 and iron, which are critical for growth. The nurse should assess intake and provide appropriate supplementation or alternatives. For immigrant families, cultural sensitivity and language-appropriate education are essential. Standard diets may not meet needs or respect beliefs.

Question: 1117

Asthmatic 6-year-old (eNO 50 ppb) exposed to parental vaping, denies symptoms. Ethical reporting?

- A. Report immediately
- B. Wait for exacerbation
- C. Education on vaping risks, cessation resources per CDC-GINA
- D. Ignore denial

Answer: C

Explanation: Education ethics (CDC 2024) empowers denial acknowledgment, resources mitigate exposure (eNO >35 ppb inflammation), avoiding premature reports.

Question: 1118

A 11-year-old with anxiety: HR 100 bpm, RR 20/min, BP 105/65 mmHg. Labs: TSH 6 mIU/L. High-risk: vaping, OTC CBD. Nasal swab for nicotine? No, psych screen. Legal: report vaping?

- A. Yes, mandatory.
- B. Parents inform.
- C. Labs only.
- D. Reconcile CBD interactions, screen confidentially.

Answer: D

Explanation: CBD may affect thyroid meds; confidentiality for substance. Normal TSH 0.5-4.5. Vitals normal.

Question: 1119

After reconciling medications, a nurse discovers the child's chart lists an allergy to penicillin, but the parent denies this. What is the best nursing action?

- A. Ask specific questions about the nature and timing of the allergy
- B. Remove the allergy from the chart immediately
- C. Ignore the allergy since the parent denies it
- D. Document the denial but keep the allergy listed until confirmed

Answer: A

Explanation: Specific questioning clarifies potential allergy history before deciding to remove it. Immediate removal or ignoring without verification risks patient safety. Documentation with clarification is appropriate but without deeper inquiry is insufficient.

Question: 1120

Planning implementation for a 8-year-old with celiac disease and poor adherence (IgA tTG 89 U/mL, down from 120 but elevated), the pediatric nurse addresses gluten exposure from school lunches. BMI stable at 25th percentile. Which multidisciplinary strategy best promotes nutritional healing?

- A. Refer to gastroenterology for repeat endoscopy in 6 months
- B. Prescribe enzyme supplements for accidental exposure and monitor weight monthly
- C. Educate on gluten-free alternatives and reassess serology annually
- D. Develop a 504 plan for safe meal accommodations and dietitian consult

Answer: D

Explanation: Celiac adherence relies on environmental controls, with school plans ensuring gluten-free options per IDEA/ADA, facilitating villous recovery (tTG normalization <20 U/mL) and growth. This integrates dietitian expertise for balanced nutrition, outperforming enzymes which supplement not prevent, annual checks delaying correction, or endoscopy which is invasive without behavioral fix. Evaluation via serial tTG and height velocity.

Question: 1121

A 15-year-old patient diagnosed with cancer requests confidentiality about their condition from their parents. The nurse should:

- A. Respect confidentiality unless parents are legally responsible
- B. Disclose information to parents as they are minors' guardians
- C. Refuse to provide care until confidentiality is resolved
- D. Encourage adolescent to share information with parents

Answer: D

Explanation: While respecting adolescent confidentiality is important, encouraging open communication with parents is ethically supported for comprehensive care. Complete nondisclosure is complex and depends on maturity and legal context, but refusal to care is inappropriate.

Question: 1122

A 12-year-old patient with asthma has been prescribed inhaled corticosteroids and leukotriene receptor antagonists. During follow-up, the child reports fewer asthma attacks but persistent mild cough. How should the nurse interpret this?

- A. Allergy to leukotriene receptor antagonist
- B. Poor drug adherence; reinforce medication compliance
- C. Development of steroid-resistant asthma
- D. Treatment partially effective; consider further pulmonary evaluation

Answer: D

Explanation: Reduction in asthma exacerbations indicates partial medication efficacy. Persistent symptoms such as a cough warrant further evaluation to rule out airway hyperreactivity or other triggers. Poor adherence is less likely with reported symptom improvement. Steroid resistance or drug allergy typically present with worsening symptoms or side effects.

Question: 1123

A 2-year-old child with possible Kawasaki disease presents with fever lasting 6 days, conjunctivitis, cracked lips, and swollen lymph nodes. Which laboratory test supports this diagnosis?

- A. Positive antinuclear antibody (ANA) test
- B. Leukopenia with elevated lymphocytes
- C. Elevated erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP)
- D. Hypokalemia and hyponatremia

Answer: C

Explanation: Elevated inflammatory markers like ESR and CRP reflect systemic inflammation seen in Kawasaki disease. Leukopenia and ANA are not typical, and

electrolyte abnormalities are nonspecific.

Question: 1124

A 10-year-old child diagnosed with ADHD is started on methylphenidate. Which side effect should the nurse monitor during therapy?

- A. Weight gain and excessive sleepiness
- B. Increased salivation and dry mouth
- C. Growth suppression and insomnia
- D. Constipation and bradycardia

Answer: C

Explanation: Methylphenidate commonly causes appetite suppression leading to growth delay and insomnia. Weight gain and sleepiness are less common. Increased salivation and constipation are not typical side effects. Bradycardia is uncommon.

Question: 1125

A 9-year-old with type 1 diabetes is admitted for diabetic ketoacidosis (DKA) management, with initial labs showing pH 7.15 (normal 7.35-7.45), bicarbonate 8 mEq/L (normal 22-28 mEq/L), and glucose 450 mg/dL. The nurse prepares insulin infusion at 0.1 units/kg/hr per 2024 ISPAD guidelines but notes the on-site pharmacy stocks only U-500 insulin, risking a 5-fold overdose if miscalculated. The child's parent expresses anxiety about long-term adherence, citing school barriers. Prioritizing medication safety per Joint Commission 2026 high-alert standards and ethical non-maleficence, which intervention should the nurse implement first?

- A. Double-check infusion pump programming with a colleague and educate parent on carb counting
- B. Administer IV fluids bolus 10 mL/kg normal saline and delegate blood glucose monitoring q1h to LPN
- C. Initiate continuous glucose monitoring and refer to diabetes educator for school plan
- D. Request U-100 insulin STAT from off-site supplier and document pharmacy variance

Answer: D

Explanation: DKA resolution hinges on precise insulin dosing, and U-500 availability poses a critical error risk in pediatrics, where calculations are weight-based and errors amplify harm; the 2026 ISMP update mandates immediate substitution for standard concentrations to prevent adverse events. Requesting U-100 ensures safe administration

while documenting the variance supports quality improvement and legal accountability. Double-checking is routine but ineffective without correct concentration. Fluid bolus is priority physiologic support but secondary to insulin safety. Delegation of monitoring is appropriate post-stabilization, and education/referrals promote health but follow acute risk mitigation. This upholds ethical principles by averting iatrogenic hypoglycemia, which could exacerbate acidosis.

Question: 1126

During a 2026 hospital-wide audit of the central line-associated bloodstream infection (CLABSI) prevention bundle, a 3-year-old oncology patient on total parenteral nutrition (TPN) via central line develops fever (38.5°C) and CRP 45 mg/L. The family admits to using garlic supplements for immunity. The pathway requires bundle compliance for line maintenance. What nursing action addresses the herbal-drug interaction while upholding ethical standards?

- A. Screen for garlic's antiplatelet effects on TPN compatibility and isolate administration
- B. Remove the line immediately and start peripheral IV antibiotics
- C. Continue TPN and monitor for infection without herbal discussion
- D. Discontinue garlic and re-audit bundle adherence post-resolution

Answer: A

Explanation: Garlic inhibits platelet aggregation, increasing bleeding risk with TPN-related line manipulations in immunocompromised children, per 2024 NCCIH updates on herb-drug interactions. The CLABSI bundle, per CDC 2026 pediatric guidelines, includes daily oral care and interaction checks to achieve <1 infection/1000 line-days. The nurse's action involves pharmacist verification for separate administration routes, family education on risks (e.g., hemorrhage incidence 5-10%), and consent for withholding, ensuring beneficence, autonomy, and quality metrics through root-cause analysis in audits.

Question: 1127

A 7-year-old child is admitted with dehydration and scheduled for venipuncture. The nurse notices the child expresses fear and anxiety. Which action is best to reduce distress during specimen collection?

- A. Restrain child tightly to complete procedure faster
- B. Use topical anesthetic and encourage parental presence
- C. Postpone venipuncture until child calms down fully
- D. Administer oral sedative before procedure without consent

Answer: B

Explanation: Using topical anesthesia and facilitating parental presence reduces anxiety and pain. Restraining or sedatives without consent are inappropriate; delaying may compromise care.

Question: 1128

A pediatric nurse is teaching a patient with cystic fibrosis and caregiver about airway clearance. The patient becomes frustrated and resistant. What trauma-informed care strategy should the nurse use?

- A. Insist on completing teaching without breaks
- B. Ignore frustration to continue uninterrupted teaching
- C. Acknowledge the frustration, validate feelings, and offer breaks during teaching
- D. Use fear-based messages to enforce compliance

Answer: C

Explanation: Trauma-informed care involves recognizing emotional states and adjusting teaching accordingly, which helps build trust and reduces distress. Ignoring frustration or using fear tactics can retraumatize or increase resistance.

Question: 1129

A 6-month-old infant with failure to thrive is admitted. The infant's serum albumin is 2.3 g/dL (normal 3.5 - 5.0 g/dL). Which nursing intervention is the priority?

- A. Monitor for signs of dehydration and electrolyte imbalance
- B. Initiate fluid restriction to prevent edema
- C. Encourage oral feeding with frequent small meals
- D. Prepare for immediate parenteral nutrition

Answer: A

Explanation: Hypoalbuminemia can lead to fluid shifts causing edema and potential dehydration. Monitoring hydration status and electrolytes is essential. Oral feeding is important but monitoring takes priority. Fluid restriction is not usually indicated unless edema is severe. Parenteral nutrition may be needed but after assessment.

Question: 1130

A 15-year-old transgender male adolescent seeks confidential care for depression, vital signs heart rate 95 bpm, respiratory rate 16 breaths per minute, blood pressure 118/76 mmHg, temperature 36.8°C. Labs from routine screen: hemoglobin 13 g/dL, TSH 3 mIU/L, positive for chlamydia on urine NAAT. Psychosocial assessment discloses high-risk behaviors: condomless receptive anal sex, binge drinking, and self-harm ideation. No parental involvement per state minor consent laws. The nurse reconciles testosterone therapy with OTC St. John's wort. What legal action follows positive STI diagnosis in this context?

- A. Mandatory parental notification regardless of consent laws for STI treatment.
- B. Treat chlamydia empirically with azithromycin, reconcile herbals for drug interactions, and refer to behavioral health without breaching confidentiality.
- C. Report to public health only after guardian consent.
- D. Defer treatment pending full venipuncture for HIV co-screening.

Answer: B

Explanation: Minor consent laws (2026 updates in 45 states) allow confidential STI treatment for adolescents, ethically supporting autonomy and reducing barriers to care per AAP guidelines. Urine NAAT is sensitive for chlamydia, treated with single-dose azithromycin to prevent PID. Reconciliation flags St. John's wort inducing CYP3A4, reducing testosterone efficacy. Normal labs: hemoglobin 13-16 g/dL, TSH 0.5-4.5 mIU/L. Vitals normal for adolescent. Public health reporting is anonymous/de-identified for STIs, not requiring guardian. Self-harm screening via PHQ-9 mandates suicide risk assessment, but treatment priority.

Question: 1131

In NICU, a 28-week preterm infant with NEC (bell stage II) has abdominal distension, bloody stools, and labs: CRP 45 mg/L (normal <10 mg/L), platelets 80,000/mm³. Parenteral TPN is infusing, but line sepsis suspected (temp 100.9°F). Parents request enteral feeds resumption for bonding. Prioritizing implementation?

- A. Resume trophic feeds enterally despite risks for ethical bonding.
- B. Assess for perforation first, continue NPO, delegate line cultures to lab tech.
- C. Administer broad-spectrum antibiotics orally and document parental request.
- D. Transfuse platelets prophylactically without assessment.

Answer: A

Explanation: NEC requires serial abdominal assessments for perforation signs (e.g., free

air on X-ray), with NPO status to rest bowel per AAP guidelines. Cultures confirm sepsis; delegation is routine but RN verifies. Bonding ethically supports kangaroo care, not feeds. Oral antibiotics ineffective; prophylactic transfusion not indicated without bleeding.

Question: 1132

During a clinic visit, a 9-month-old infant's developmental screen flags autism risk (M-CHAT score 6/23, cutoff ≥ 3). Parents, devout Jehovah's Witnesses, decline genetic microarray (normal variants $< 5\%$ pathogenic) fearing blood products in processing, preferring Reiki energy healing. Labs: ASO titer 250 IU/mL (normal < 200 IU/mL), suggesting strep link. As the pediatric nurse, you promote early intervention. Which ethical strategy respects refusal while ensuring health promotion?

- A. Override refusal for microarray under best interest standard.
- B. Offer saliva-based WES alternative per 2026 ACMG updates and refer to IDEA EI for behavioral therapy, noting 50% language gains by age 3.
- C. Recommend herbal echinacea for neuroprotection.
- D. Monitor without testing, as scores self-resolve.

Answer: B

Explanation: M-CHAT positives warrant ADOS confirmation; 2026 ACMG endorses non-invasive WES for ASD (yield 10-20% de novo variants). Jehovah's Witness doctrine prohibits blood but allows saliva/cell-free methods. Early EI under IDEA improves outcomes 40%; strep-ASD link via autoimmunity treated with penicillin if ASO elevated. Override unethical absent life-threat; herbals unproven (no RCT data); monitoring misses window (ASD diagnosis by 2 years optimal).

Question: 1133

A nurse is planning care for a pediatric patient with cerebral palsy who experiences frequent aspiration. What measurable outcome should be included in the care plan?

- A. Patient remains NPO indefinitely
- B. Patient will demonstrate safe swallowing with no aspiration episodes during hospitalization
- C. Patient will never cough during oral feeding
- D. Caregiver avoids oral intake permanently

Answer: B

Explanation: A realistic, measurable goal focuses on safe swallowing and prevention of aspiration during hospitalization. Permanent NPO status or avoidance may not be necessary long-term. Coughing can be a protective reflex and is not an adverse outcome.

Question: 1134

An 11-year-old child with obesity and early type 2 diabetes is hospitalized with hyperglycemia. The nurse notes the family structure involves alternating caregivers on weekdays and weekends. What is the best nursing goal?

- A. Focus educational efforts on the weekday caregiver only
- B. Coordinate education sessions to include all caregivers for unified management
- C. Recommend the child manage care independently
- D. Reduce caregiver involvement to immediate family only

Answer: B

Explanation: Coordinated education involving all caregivers ensures a unified approach to diabetes management despite complex family structures. Isolating education or recommending independent care is less effective in this age group.

Question: 1135

During a well-child visit for a 4-year-old with a history of sexual abuse, the child's mother reports night terrors and a recent urinary tract infection confirmed by urinalysis showing $>100,000$ CFU/mL *E. coli* (normal $<10,000$ CFU/mL). The child clings to the mother and refuses to engage with the nurse. The nurse must teach hygiene to prevent recurrent infections while evaluating the mother's understanding of trauma triggers. Which teaching method, combined with learning evaluation, best aligns with professional standards for trauma-informed care and ethical beneficence?

- A. Use a puppet show to demonstrate wiping front-to-back, followed by teach-back with the child observing
- B. Provide a pamphlet on hygiene and ask the mother to read it aloud immediately
- C. Lecture the mother on infection risks while the child plays nearby, then quiz her on key points
- D. Demonstrate on the mother and require her to return-demonstrate in the next visit

Answer: A

Explanation: Puppet shows engage young children non-threateningly, reducing trauma triggers like direct touch or authority figures, while teach-back evaluates the mother's

retention of hygiene instructions, crucial for preventing UTIs in abuse survivors where somatic symptoms like infections may link to unaddressed trauma. This method upholds ethical beneficence by promoting family-centered health promotion and the nurse's role in creating safe learning environments, ensuring comprehension without overwhelming the child, whose clinging indicates attachment needs influenced by prior abuse.

Question: 1136

In palliative care, a 5-year-old with end-stage neuroblastoma (stage 4, NSE 150 ng/mL, normal <15 ng/mL) experiences dyspnea. Parents from a faith healing community refuse morphine PCA (0.02 mg/kg/hr) for "soul pain," opting for prayer oils, amid hospice cost concerns. As the pediatric nurse, you uphold nonmaleficence. Which legal-ethical response prioritizes comfort?

- A. Withhold opioids, honoring refusal.
- B. Ethics consult for assent proxy and secure 2026 Medicare Hospice Benefit covering PCA, educating on 70% symptom relief.
- C. Apply cupping for respiratory "blockages."
- D. Transition to experimental trials.

Answer: B

Explanation: 2026 NHPCO guidelines mandate pain control in pediatric hospice; morphine titrates to RR >12/min, preventing 80% distress. Refusal triggers consult if suffering evident; Medicare covers 100% for <21 years. Faith oils provide placebo but not analgesia (opioid receptor absent). Withholding violates beneficence; cupping risks pneumothorax (1%); trials unethical in terminal phase.

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