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ACCNS-P

AACN Clinical Nurse Specialist - Wellness through Acute Care (Pediatric)

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Question: 1

A 6-year-old child with type 1 diabetes mellitus is experiencing symptoms of hypoglycemia. Which intervention should the nurse prioritize?

- A. Administering a rapid-acting glucagon injection
- B. Administering oral glucose gel or tablets
- C. Administering a rapid-acting insulin injection
- D. Administering an oral hypoglycemic agent

Answer: B

Explanation: Hypoglycemia is characterized by low blood glucose levels and can lead to neurologic symptoms if untreated. The initial treatment for hypoglycemia in a conscious child is the administration of oral glucose gel or tablets. Glucagon injection is used in severe cases of hypoglycemia or when the child is unconscious and unable to swallow. Rapid-acting insulin injections and oral hypoglycemic agents are not appropriate interventions for hypoglycemia.

Question: 2

A 16-year-old adolescent with type 1 diabetes mellitus is admitted to the emergency department with symptoms of diabetic ketoacidosis (DKA). Which laboratory finding would the nurse expect to see in this patient?

- A. Hyperglycemia and metabolic alkalosis
- B. Hypoglycemia and metabolic acidosis
- C. Hyperglycemia and metabolic acidosis
- D. Hypoglycemia and metabolic alkalosis

Answer: C

Explanation: Diabetic ketoacidosis (DKA) is a life-threatening complication of diabetes mellitus characterized by hyperglycemia, metabolic acidosis, and ketosis. Hyperglycemia and metabolic acidosis are hallmark findings in DKA. Hypoglycemia and metabolic alkalosis are not consistent with the pathophysiology of DKA.

Question: 3

A 14-year-old adolescent presents with symptoms of growth hormone deficiency. Which assessment finding would be consistent with this condition?

- A. Excessive growth of facial and body hair
- B. Hypertension and weight gain
- C. Rapid growth and increased appetite
- D. Delayed puberty and short stature

Answer: D

Explanation: Growth hormone deficiency in adolescents can result in delayed puberty and short stature. Excessive growth of facial and body hair is more commonly associated with conditions such as polycystic ovary syndrome in females or androgen excess disorders in males. Rapid growth and increased appetite may be seen in conditions like gigantism or acromegaly, which result from excessive growth hormone production. Hypertension and weight gain are not typically associated with growth hormone deficiency.

Question: 4

A 12-year-old child is admitted to the pediatric unit with suspected adrenal insufficiency. Which clinical manifestations would the nurse expect to assess in this child?

- A. Hyperglycemia and polyuria
- B. Hypertension and tachycardia
- C. Hypotension and weight loss
- D. Hypoglycemia and lethargy

Answer: C

Explanation: Adrenal insufficiency is characterized by decreased production of adrenal hormones, particularly cortisol. Clinical manifestations include hypotension, weight loss, fatigue, and electrolyte imbalances. Hyperglycemia and polyuria are more commonly associated with diabetes mellitus, while hypertension and tachycardia are not typical findings in adrenal insufficiency. Hypoglycemia and lethargy are more commonly seen in insulin excess or insulin resistance disorders, such as diabetes mellitus.

Question: 5

A 7-year-old child is diagnosed with hypothyroidism. Which clinical manifestation would the nurse expect to assess in this child?

- A. Heat intolerance and weight loss
- B. Tachycardia and hypertension
- C. Exophthalmos and goiter
- D. Cold intolerance and weight gain

Answer: D

Explanation: Hypothyroidism is characterized by decreased production of thyroid hormones, resulting in a decreased metabolic rate. Clinical manifestations include cold intolerance, weight gain, fatigue, constipation, and slowed growth. Heat intolerance and weight loss are more commonly seen in hyperthyroidism. Tachycardia and hypertension may be present in hyperthyroidism but are not typical findings in hypothyroidism. Exophthalmos

and goiter are associated with Graves' disease, an autoimmune disorder causing hyperthyroidism.

Question: 6

A 9-year-old child is admitted to the pediatric unit with a diagnosis of syndrome of inappropriate antidiuretic hormone secretion (SIADH). Which electrolyte imbalance would the nurse expect to assess in this child?

- A. Hyponatremia
- B. Hypokalemia
- C. Hypernatremia
- D. Hyperkalemia

Answer: A

Explanation: Syndrome of inappropriate antidiuretic hormone secretion (SIADH) is characterized by excessive secretion of antidiuretic hormone (ADH), leading to water retention and dilutional hyponatremia. Hypernatremia is a condition characterized by high plasma sodium levels. Hypokalemia and hyperkalemia refer to low and high levels of potassium, respectively, and are not directly related to SIADH.

Question: 7

A 5-year-old child is diagnosed with hyperthyroidism. Which clinical manifestation would the nurse expect to assess in this child?

- A. Cold intolerance and weight gain
- B. Bradycardia and constipation
- C. Hypotension and depression
- D. Heat intolerance and weight loss

Answer: D

Explanation: Hyperthyroidism is characterized by excessive production of thyroid hormones, resulting in an increased metabolic rate. Clinical manifestations include heat intolerance, weight loss, tachycardia, tremors, hyperactivity, and increased appetite. Cold intolerance and weight gain are more commonly seen in hypothyroidism. Bradycardia, constipation, hypotension, and depression are not typical findings in hyperthyroidism.

Question: 8

A 10-year-old child with newly diagnosed type 1 diabetes mellitus is at risk for developing hyperglycemic hyperosmolar state (HHS). Which clinical manifestation would the nurse expect to assess in this child?

- A. Kussmaul respirations
- B. Fruity breath odor
- C. Extreme thirst and polyuria
- D. Abdominal pain and vomiting

Answer: C

Explanation: Hyperglycemic hyperosmolar state (HHS) is a life-threatening complication of diabetes mellitus characterized by profound hyperglycemia, dehydration, and hyperosmolality without significant ketoacidosis. Clinical manifestations include extreme thirst (polydipsia) and polyuria due to osmotic diuresis. Kussmaul respirations and fruity breath odor are more commonly seen in diabetic ketoacidosis (DKA). Abdominal pain and vomiting may be present in both DKA and HHS but are more commonly associated with DKA.

Question: 9

A neonate is diagnosed with a rare inborn error of metabolism. The nurse understands that which of the following is a key characteristic of inborn errors of metabolism?

- A. They are acquired during childhood due to environmental factors
- B. They are caused by a deficiency of specific enzymes
- C. They are typically resolved by adulthood
- D. They are more common in females than in males

Answer: B

Explanation: Inborn errors of metabolism are genetic disorders caused by a deficiency or dysfunction of specific enzymes involved in metabolic pathways. They are not acquired during childhood but are present from birth. Inborn errors of metabolism are chronic conditions that often require lifelong management. The prevalence of these disorders varies, and they can affect both males and females.



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