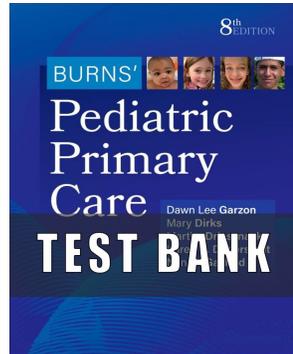


## Burns' Pediatric Primary Care 8th Edition Test Bank



### Chapter 1: Health Status of Children: Global and National Perspectives

1. Which region globally has the highest infant mortality rate?
  - A. Indonesia
  - B. Southern Asia
  - C. **SubSaharan Africa Correct**
  - D. Syria
  
2. The primary care pediatric nurse practitioner understands that, to achieve the greatest worldwide reduction in child mortality from pneumonia and diarrhea, which intervention is most effective?
  - A. Antibiotics
  - B. Optimal nutrition
  - C. **Vaccinations Correct**
  - D. Water purification
  
3. Which is true about the health status of children in the United States?
  - A. Globalism has relatively little impact on child health measures in the U.S.
  - B. **Obesity rates among 2to5yearolds have shown a recent significant decrease. Correct**
  - C. The rate of household poverty is lower than in other economically developed nations.
  - D. Young children who attend preschool or day care have higher food insecurity.
  
4. The primary care pediatric nurse practitioner understands that a major child health outcome associated with worldwide climate change is
  - A. cost of living.
  - B. education.
  - C. **nutrition. Correct**
  - D. pollution.
  
5. When providing well child care for an infant in the first year of life, the primary care pediatric nurse practitioner is adhering to the most recent American Academy of Pediatrics *Recommendations for Preventive Pediatric Health Care* guidelines by
  - A. focusing less on development and more on illness prevention and nutrition.
  - B. following guidelines established by the *Bright Futures* publication.
  - C. **scheduling wellbaby visits to coincide with key developmental milestones. Correct**
  - D. seeing the infant at ages 2, 4, 6, and 12 months when immunizations are due.

### Chapter 2. Unique Issues in Pediatrics

1. A nurse is explaining the therapeutic milieu to a new nurse. The best explanation of this term would be:
  1. The place where the child is receiving care.

2. Group therapy.
3. Personal interactions between patients and staff.
4. All of the above are correct.

ANS: 4

2. A 16-year-old male has received a pink-slip from the police for inpatient psychiatric treatment. The teen has been expressing thoughts of hanging himself because Life sucks. The nursing staff should consider placing the child:

1. With peers.
2. In an area where he can be watched one-on-one.
3. With a roommate that is expressing the same concerns.
4. In an area close to an external door.

ANS: 2

3. Learning disabilities in children have scientifically been linked to:

1. Poor nutrition.
2. The environment in which the child lives.
3. Genetics.
4. Watching more than four hours of television a day.

ANS: 3

4. A mental health nurse has assessed a child and determined that the child exhibits behavioral challenges.

When the school nurse explains this to a teacher, the best description would be:

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1. The child may exhibit physical outbursts.
2. The child may exhibit violence toward others.
3. The child may be defiant or have tantrums.
4. The child will need special interventions for learning.

ANS: 3

5. A child that has not exhibited enuresis in four years has exhibited this behavior pattern for the last week.

The reason a child may revert back to this behavior pattern is because of:

1. Hallucinations.
2. Behavioral challenges.
3. Delusions.
4. Stress.

ANS: 4

6. An 18-year-old male has called the crisis line for help. The crisis nurse recognizes the intervention needs may consist of all of the following except:

1. Discussing the individuals everyday activities.
2. Recognizing that the patient may be in a catharsis state.
3. Expressing empathy toward the caller.
4. Avoiding entropy.

ANS: 1

7. An 8-year-old boy with a history of hallucinations and violent behavior has been placed in a seclusion room at the hospital because he has been hurting others. The nurse checks on the patient and realizes she must take him out of the seclusion room when:

1. He is crying to be released.

2. He states, I will be a good boy now.

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3. He starts headbutting the window.

4. He complains that his parents will file a lawsuit.

ANS: 3

8. A child has been exhibiting the MacDonald Triad. These behaviors include:

1. Enuresis, pushing others, and pyromania.

2. Swinging a cat by the tail, bed-wetting, and lighting paper on fire in the trash can.

3. Playing with other children, laughing, and conversing with adults.

4. Playing with a campfire, watching television, and seeking adult attention.

ANS: 2

9. A teenager diagnosed with borderline personality disorder should have discharge planning instructions of:

1. A consistent caregiver.

2. Monitoring of media, such as the Internet, television, and video games.

3. Obtaining support from family and friends.

4. Seeking medical attention when the teenager feels good.

ANS: 3

10. A mental health nurse is teaching the mother of a child with executive functioning issues ways to help

her child. Interventions the mother should use include:

1. Placing visual aids on the bathroom mirror so that the child will follow the morning routine.

2. Give the child a choice in foods to eat.

3. Allowing the child to ask for help when needed.

4. Reminding the child to be nice to others.

ANS: 1

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11. Ellie, a 9-year-old girl, was adopted by a family at the age of 4 after several years of severe neglect by her birth family. The adoptive family has been reporting that Ellie is angry a lot, manipulative with her teachers, and does not seek positive attention. The nurse working with Ellie will need to:

1. Provide education on decreasing stimuli in the home environment that triggers the anger.

2. Realize Ellie may have attachment issues related to her previous history and will need to encourage the family to be active in her care.

3. Support the family in the decision-making process of continuing to let Ellie live in the home.

4. Discuss inpatient therapy to decrease Ellie's manipulative behavior patterns.

ANS: 2

12. An infant displays depression by:

1. Smiling at strangers.

2. Bonding to someone other than the immediate family.

3. Crying more than an average infant.

4. Looks away when an adult attempts to play with the infant.

ANS: 4

13. A father reports that his adolescent daughter has gotten good grades up until the last quarter of school.

She has been hanging out by herself and does not want to talk to him anymore. The mental health nurse should:

1. Realize that this is a natural part of growing up.
2. Perform a mental health screening to check for depression.
3. Attempt to get the adolescent to discuss why she does not like her father anymore.
4. Let the adolescent talk when she is ready.

ANS: 2

14. A teen should be checked for depression at \_\_\_\_\_physician visit(s).

1. Every

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2. One
3. Monthly
4. Bi-yearly

ANS: 1

15. When using the SAD FACES depression screen, it is important to assess:

1. Anhedonia.
2. Suicidal ideations.
3. Sleep patterns.
4. All of the above

ANS: 4

16. A school nurse is giving an in-service to teachers on bullycide. The main reason for the teaching is so that:

1. Teachers are aware bullying occurs.
2. Teachers are able to identify students who are risk.
3. Teachers can be aware of the fact that suicides can happen due to bullying by others.
4. Teachers are aware of their role in causing bullycide.

ANS: 3

17. An adolescent with a known history of bipolar disorder is in the school nurses office because a teacher reported that she was talking fast and acting like she was God. The school nurse assesses the girl and notes that:

1. She is probably in a manic phase and needs to be treated professionally.
2. She has had too much sleep and is now hyperactive.
3. She forgot to take her medications today.
4. She requires some food and rest before going back to class.

ANS: 1

### **Chapter 3. Genetics and Child Health Questions**

1. What is true about haploid cells?

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- C. Each contains 23 paired chromosomes.
- D. Each one contains 23 chromosomes. **Correct**
- E. Replication produces two identical cells.

F. They replicate via the process of mitosis.

2. What does the following genetic notation symbol mean 47,XX,6q?

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- A. Male with deletion of chromosome 6
- B. Female with deletion of chromosome 6
- C. Male with deletion on the long arm of chromosome 6
- D. Female with deletion on the long arm of chromosome 6

**Correct**

3. A child has a recessive genetic disorder that is homozygous for that mutation.

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What is most likely about this child's parents?

- A. Neither parent has a copy of that gene mutation.
- B. Only the mother has a copy of that gene mutation.
- C. Only the father has a copy of that gene mutation.
- D. **Each parent has one copy of that gene mutation. Correct**

4. Which type of mutation is responsible for many single gene genetic disorders?

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- A. Copy number variations
- B. Nucleotide repeat expansions
- C. **Point mutations Correct**
- D. Single nucleotide polymorphisms (SNP)

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5. Cystic fibrosis is a recessive disease requiring the presence of a gene mutation

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on both alleles inherited from the parents. Which type of genetic disorder is this?

- A. Chromosome
- B. Mitochondrial
- C. **Monogenetic Correct**
- D. Multifactorial

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6. The primary care pediatric nurse practitioner is counseling a couple about genetic

risks and learns that one parent has neurofibromatosis, an autosomal dominant disorder, and the other parent does not. What will the nurse practitioner include when discussing this disorder and its transmission?

- C. Children must inherit a gene from both parents to develop the disease.
- D. **Each child born to this couple will have a 50% risk of having the disease. Correct**
- E. This type of disorder characteristically skips generations.
- F. Unaffected offspring may still pass on the disease to their offspring.

7. A family medical history conducted during a well baby exam for a newborn girl reveals that hemophilia A, an Xlinked

recessive disorder, is present in males in three previous generations in the mother's family, whose father had the disease. What will the primary care pediatric nurse practitioner tell the parents about the risk of this disease in their children?

E. All of their sons will be affected by the disease.

F. Any sons they have will not be affected by the disease.

**G. Daughters have a 50% chance of being carriers of the disease.**

**Correct**

H. Their daughter has a 25% chance of having the disease.

8. What is an important responsibility of the primary care pediatric nurse practitioner . to

help determine genetic risk factors in families?

E. Assessing physical characteristics of genetic disorders

F. Knowing which genetic screening tests to perform

G. Making appropriate referrals to pediatric geneticists

**D. Obtaining a threegeneration pedigree for each family Correct**

9. Which diagnostic study may be ordered when the provider wishes to detect the

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presence of additional genetic material on a chromosome?

A. Chromosomal microarray

**B. FISH Correct**

D. Karyotype

E. Molecular testing

10. Which type of testing will the primary care pediatric nurse practitioner recommend .

for a couple concerned about the potential for having children with cystic fibrosis?

A. Biochemical testing

**B. Carrier testing Correct**

C. FISH testing

D. Karyotype testing

## **Chapter 4. Environmental Issues**

### **Questions**

1. What has been the result of passage of the Toxic Substances Control Act. (TSCA) of 1976?

G. A mandate for corporations to disclose known toxic chemicals

H. A requirement that all manufactured chemicals undergo toxicity testing

**I. Authorization of the EPA to require testing and reporting of some chemicals Correct**

J. Development of a mechanism to report reactions to toxic chemicals

2. Many European nations use the "precautionary principle" to help regulate potentially toxic chemicals. What does this mean?

**G. Chemicals must be proven to be safe before being introduced into the**

**environment. Correct**

- H. Corporations may be exempt from testing if their costs in doing so are too high.
- I. Regulators must demonstrate risk to the public before banning a chemical.
- J. Without a strong risk, corporations need not release data about their products.

3. During a clinic visit, a child's rapid capillary screening test for lead reveals a level of 11 mcg/dL. What will the primary care pediatric nurse practitioner do next?

- I. Institute lead abatement measures in the child's home.
- J. Monitor lead levels monthly until decreased.
- K. Order a venous sample to test for lead levels. Correct**
- L. Test the child's siblings and parents for lead.

4. A child has a lead level of 25 mcg/dL. Once lead abatement measures are instituted, what is an important intervention to help prevent permanent damage

- H. Chelation therapy
- I. Dietary changes
- C. Followup testing Correct**

D. Testing family members

5. A child whose parent works in a factory presents with swelling of the extremities, pain and weakness in the pelvis, and an erythematous maculopapular rash. Which industrial toxin will the primary care pediatric nurse practitioner suspect in this child?

- A. Lead
- B. Mercury
- C. Organophosphates Correct**
- D. Phthalates

6. When counseling a mother who smokes about preventing exposure to smoking-related risks to her nursing newborn, what will the primary care pediatric nurse practitioner tell her?

- F. If she quits now, her child will not have longterm effects from exposure.
- G. Prenatal smoke exposure does not cause respiratory effects after the infant is born.
- H. Smoking outdoors or near an open window prevents exposure to tobacco smoke.
- I. Thirdhand smoke exposure risks may last for years even if the mother quits now. Correct**

7. A child who has been playing in a public park is brought to the clinic with wheezing, vomiting, diarrhea, and drooling. A physical exam reveals a low heart

rate and diaphoresis. What will the primary care pediatric nurse practitioner suspect as a cause for these symptoms?

- B. Arsenic consumption
- C. Lead poisoning
- C. Organophosphate exposure Correct**
- D. Phthalate ingestion

8. A parent asks about ways to limit exposure to risks associated with plastics.

Besides avoiding using plastic containers when possible, what else will the primary care pediatric nurse practitioner recommend?

- A. **Avoid heating foods and liquids in plastic containers. Correct**
- B. Clean plastic containers well using the dishwasher.
- C. Use only plastics stamped with “#7” on the bottom.
- D. Used canned food products whenever possible.

9. A parent desires to buy only organic produce to avoid exposing a child to pesticides but complains that these foods are expensive. The primary care pediatric nurse practitioner provides a list of foods that are relatively safe whether they are organic or not.

Which foods are on this list?

- A. Apples, celery, and peaches
- B. Potatoes, cherry tomatoes, and peaches
- C. Strawberries, grapes, and cucumbers
- D. **Sweet corn, cantaloupe, and kiwi Correct**

## **Chapter 5. Child and Family Health Assessment Questions**

1. The primary care pediatric nurse practitioner is obtaining a medical history about a child. To integrate both nursing and medical aspects of primary care, which will be included in the medical history?

- K. Complementary medications, alternative health practices, and chief complaint
- L. Developmental delays, nutritional status, and linear growth patterns
- M. Medication currently taking, allergy information, and family medical history
- N. **Speech and language development, beliefs about health, and previous illnesses Correct**

2. When formulating developmental diagnoses for pediatric patients, the primary care pediatric nurse practitioner may use which resource?

- A. **DC: 03R Correct**
- K. ICD10CM
- L. ICSD3
- M. NANDA International

3. The primary care pediatric nurse practitioner sees a 3-year-old child who chronically withholds stools, in spite of the parents' attempts to stop the behavior, requiring frequent treatments with laxative medications. Which diagnosis will the nurse practitioner use to facilitate third-party reimbursement?

- M. Altered elimination pattern
- N. Elimination disorder
- C. **Encopresis Correct**
- D. Parenting alteration

4. The primary care pediatric nurse practitioner is assessing a toddler whose weight and body mass index (BMI) are below the 3rd percentile for age. The nurse practitioner learns that the child does not have regular mealtimes and is allowed to carry a bottle of juice around at all times. The nurse practitioner plans to work with this family to develop improved meal patterns. Which diagnosis will the nurse practitioner use for this problem?