Nursing

PNCB-CPNP-PC

Pediatric Nursing Certification Board: Certified Pediatric Nurse Practitioner – Primary Care

Questions and Answers (PDF)

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Question: 1

Which of the following gross motor, fine motor, language, and social-emotional milestones would you expect to see in a 9-month-old infant during a routine well-child visit?

A. Lifts head while prone, tracts past midline, smiles in response to being spoken to, and coos
B. Pulls to stand, starts to use pincher grasp, points to desired objects, and babbles "mama" and "dada" nonspecifically
C. Moves head side to side, regards face, alerts to a bell, and cries when hungry or needs a diaper change
D. Sits independently, reaches for objects, looks at hands and feet, laughs and squeals

Answer: B

Explanation:
Correct answer: Pulls to stand, starts to use pincher grasp, points to desired objects, and babbles "mama" and "dada" nonspecifically
This is the most complete and appropriate set of milestones at 9 months of age.

Question: 2

At what age can a child typically give their full name when asked?

A. 30 to 36 months
B. 42 to 48 months
C. 36 to 42 months
D. 48 to 60 months

Answer: C

Explanation:
Correct answer: 36 to 42 months
Generally, by between 36 and 42 months, a child can give their full name, understand and answer simple questions ("cold," "tired," "hungry"), begin to relate events, and use mostly three- to four-word sentences. These are all expressive language milestones.

Question: 3

In which age groups does influenza disease have the highest hospitalization rates?

A. Children younger than 5 years and those 18 years old and older
B. Children younger than 2 years old and those 65 years old and older
C. Children younger than 1 year and those 65 years old and older
D. Children younger than 6 months and those 49 years old and older

Answer: B

Explanation:
Correct answer: Children younger than 2 years old and those 65 years old and older
After a newly shifted subtype emerges, the highest incidence of the illness occurs in healthy children 5 to 18 years old.
Children younger than 2 years old (especially infants younger than 6 months old), those 65 years old and older, and individuals with chronic diseases have the highest hospitalization rates. Those 65 years and older account for the majority of deaths; children under 5 years old with high-risk conditions account for the most deaths in children.
The CDC recommends the influenza vaccine for everyone 6 months of age and older. Although not mandated, it is recommended that all healthcare providers receive a yearly influenza vaccine to protect themselves and prevent the spread of this disease to their patients and families.

Question: 4

According to Erikson's stages of development, the seven-year-old child MOST likely fits into which stage?

A. Identity vs. role confusion
B. Industry vs. inferiority
C. Intimacy vs. isolation
D. Initiative vs. guilt

Answer: B

Explanation:
Correct answer: Industry vs. inferiority
Erikson's theory of development describes the stages of the individual throughout the lifespan. Each stage represents problems that the person seeks to master. Erikson believed that if problems were not resolved, they would likely be revisited again in future stages of development. His stages are as follows:
• Birth to 12 months: Trust vs. mistrust
• 12 months to 3 years: Autonomy vs. shame and doubt
• 3 years to 6 years: Initiative vs. guilt
• 6 years to 11 years: Industry vs. inferiority
• 12 years to 17 years: Identity vs. role confusion
• 17 years to 30 years: Intimacy vs. isolation
In the 7-year-old child, industry vs. inferiority, also called the Latency stage, is taking place. The child is capable of learning, creating and accomplishing numerous new skills and knowledge, thus developing a sense of industry. This is also a very social stage of development, and if we experience unresolved

feelings of inadequacy and inferiority among our peers, we can have serious problems regarding competence and self-esteem. The most significant relationship is with the school and the neighborhood. Parents are no longer the complete authorities they once were, although they are still important.

Question: 5

A model that can be used in health education to help pediatric nurse practitioners work toward cultural humility and cultural competence identifies three interconnected themes across four domains: awareness, engagement, and application.
Which is NOT one of the four domains identified in this model?

A. System/organization
B. Interpersonal
C. Community
D. Intrapersonal

Answer: C

Explanation:
Correct answer: Community
The four domains that are included in the model for cultural humility and cultural competence include:
• Intrapersonal - refers to understanding ourselves as unique cultural beings
• Interpersonal - refers to how cultural competence is manifested between and among individuals
• System/organization - refers to institutions of health care delivery (intra- and extra-organizational)
• Global (not community) - recognizes the worldwide movement toward integration and interconnection of the world's people functioning together economically, politically, technologically, and socioculturally

Question: 6

You are seeing a 6-year-old male for a painless rash that has a red, ring-shaped papule surrounded by a clearing and then a larger annular erythematous outer ring. It appears as a "bulls-eye" and is approximately 6 cm in size. The patient's medical history is unremarkable. He has no known drug allergies. He lives with his older brother and parents in the country, and they spend much of their free time outdoors.
Given the presumptive diagnosis, what would be the appropriate treatment at this time?

A. Amoxicillin (Amoxil, Moxatag) 50 mg/kg/day PO, divided three times daily for 14 days
B. Cefuroxime (Ceftin, Zinacef) 30 mg/kg/day PO, divided twice daily for 14 days
C. Azithromycin (Zithromax, Zmax) 12mg/kg/day PO, once daily for 5 days
D. Doxycycline (Doryx, Oracea, Atridox) 4mg/kg/day PO, divided twice daily for 14 days

Answer: A

Explanation:
Correct answer: Amoxicillin (Amoxil, Moxatag) 50 mg/kg/day PO, divided three times daily for 14 days
The patient in this scenario has Stage 1 (early localized) Lyme disease, which is an infection that is carried by deer ticks and transmitted to humans if bitten by an infected tick. For the child younger than 8 years old, amoxicillin three times/day for 14 days is the treatment of choice. The earlier in the erythema migrans (EM) rash stage that treatment starts, the better the long-term outcome. Early localized disease usually resolves within several days of starting antibiotic treatment.
For children 8 years or older, doxycycline is given. For children unable to take amoxicillin or doxycycline, cefuroxime is preferable. Azithromycin is not given for Lyme disease treatment. A Lyme disease specialist should be consulted for early or late disseminated disease.

Question: 7

You are trying to resolve a conflict between two of your colleagues within the pediatric outpatient clinic where you work. Which of the following statements is TRUE of conflict and conflict resolution?

A. Avoidance approaches to conflict resolution result in good outcomes for one or both parties
B. Competition is a rational reaction to conflict
C. Significant conflict results from primarily differing personality types
D. Without good working relationships, substantive issues can lead to unresolved conflict

Answer: D

Explanation:
Correct answer: Without good working relationships, substantive issues can lead to unresolved conflict
Conflict is a natural outcome of working with others, particularly when there are significant differences, when there are complex organizational systems, and when difficult decisions are required. Poor working relationships, aggression, avoidance, and bullying are commonly found among provider groups and between providers and patients, families, and communities.
Conflict that remains unresolved can generate poor health outcomes and may decrease provider satisfaction with work. Practitioners that have creative conflict resolution and negotiation skills will become better able to resolve tensions that arise than those who avoid or "give in" to conflict.

Question: 8

Which of the following would MOST LIKELY be encountered in an adolescent with anorexia nervosa?

A. Amenorrhea
B. Reduced energy intake relative to requirements
C. Heat intolerance
D. Disinterest in food

Answer: B

Explanation:
Correct answer: Reduced energy intake relative to requirements
Restriction of energy intake relative to requirements, leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health is characteristic of anorexia.
The patient with anorexia generally has a preoccupation with food and often makes elaborate meals but does not eat. In addition, the patient may have rituals around food. Menstrual irregularities are common with anorexia (missing two or more periods during weight loss cycles). Although amenorrhea could be encountered, it is not considered a diagnostic criterion in the DSM-5. The patient may have a tendency towards cold intolerance, not heat intolerance.

Question: 9

Which of the following terms is considered the "cornerstone" of a culturally competent pediatric health care provider who, because of mastering this skill, is able to create effective cross-cultural relationships with patients?

A. Communication
B. Engagement
C. Self-awareness
D. Application

Answer: C

Explanation:
Correct answer: Self-awareness
Self-awareness is the understanding of one's own values, beliefs, and bias. Health care providers are encouraged to examine the social and historical context in which they were raised and educated in an effort to gain insight into how that context helped create their values, beliefs, and biases. Exploration of how they are privileged and reflection on how their position can enhance or inhibit optimal health care outcomes is necessary, and is considered the cornerstone of becoming a culturally competent practitioner.
Engagement represents thoughtful consideration, active involvement, and reflection, all occurring together. Examples include empathy, connectivity, and high-quality relationships.
Application denotes moving beyond cultural knowledge toward action, such as intervention.
Communication with patients of different cultures is essential, as well. When it is successful, there is a synchrony of energies between client and provider, as well as a feeling of connection.

Question: 10

Which of the following statements about tics and tic disorders is CORRECT in pediatric medicine?

A. Typically, ADHD emerges after the onset of tics
B. Stimulants help to lessen tics caused by tic disorders
C. Stress reduction and relaxation techniques may lessen the severity of and/or decrease tics

D. Guanfacine (Intuniv) and extended-release clonidine (Kapvay) are ineffective for treatment of tics

Answer: C

Explanation:
Correct answer: Stress reduction and relaxation techniques may lessen the severity of and/or decrease tics
Although behavior management modalities are not as powerful as medication in reducing symptoms in tic disorders, these treatments are clearly effective. Other behavior management techniques include recognizing premonitory urges and using competing responses to "discharge" a tic. Behavior management exclusive of medication should be used if the child is younger than 6 years old, symptoms are mild, and/or DSM criteria have not been met to diagnose the disorder.
Stimulants may exacerbate anxiety disorders and thus worsen tics. Children with ADHD are more likely to have tics, and over half of children with Tourette syndrome or chronic tic disorder have coexisting ADHD. Typically, ADHD emerges before the onset of tics (not after). Extended-release guanfacine (Intuniv) and extended-release clonidine (Kapvay) are approved for treatment of ADHD, although evidence of efficacy is not as strong as for stimulants or atomoxetine (Strattera).

Question: 11

An infant is delivered at 39 weeks emergently via cesarean section due to cord compression. Apgars were 2, 3, and 7 after one, five, and ten minutes respectively. At approximately 12 hours of life, the infant was observed having a seizure.
What is the MOST likely cause of the infant's seizure?

A. Intracranial hemorrhage
B. Hypoglycemia
C. Myelomeningocele
D. Hypoxia

Answer: D

Explanation:
Correct answer: Hypoxia
There are three stages of hypoxic-ischemic insult (stage I, II, and III, or mild, moderate, and severe). Brain damage results from fetal hypoxia or ischemia over an extended period of time followed by metabolic and respiratory acidosis.
Causes of an initial hypoxic or ischemic insult include abruptio placentae, hemorrhage, cord compression, mechanical injury, severe maternal hypertension or diabetes, and inadequate resuscitation of the infant.
Infants may exhibit pallor, apnea, cyanosis, and bradycardia that is unresponsive to stimulation. Seizure activity is also a likely consequence of a hypoxic-ischemic event.

Question: 12

A 1-month-old infant is brought into the pediatric ED by his mother for central cyanosis. His pulse oximeter is reading at 87% on maximal oxygen therapy, and his chest radiograph shows a boot-shaped heart with decreased pulmonary vascular markings.
Which of the following genetic disorders is associated with this congenital heart defect?

A. Autism
B. Sickle cell disease
C. Phenylketonuria (PKU)
D. Down syndrome

Answer: D

Explanation:
Correct answer: Down syndrome
This patient's clinical findings and chest x-ray are consistent with Tetralogy of Fallot (TOF), a congenital heart defect that is present at birth and involves four anatomical abnormalities of the heart as a result of increasing obstruction of the right ventricular outflow tract (VSD, pulmonary stenosis, dextroposition or rightward position of the aorta, and right ventricular hypertrophy).
TOF is the most common cyanotic cardiac lesion, occurs slightly more in males, and has a spectrum of severity. Children with Down syndrome or chromosome 22q11.2 deletion syndrome (DiGeorge) have a higher risk of this defect.

Question: 13

A patient's protected health information (PHI) can be released without the patient's consent when:

A. Requested by the patient's family
B. Requested by another physician
C. Treating the patient for a sexually transmitted infection (STI)
D. Called by the patient's place of employment to verify an absence

Answer: C

Explanation:
Correct answer: Treating the patient for a sexually transmitted infection (STI)
Regulations require that STIs must be reported by the practitioner to the public health agency in the community or region.
The patient must give consent before releasing information to family members or another physician, and the patient's employer should never be given access to the patient's PHI; instead, the practitioner should write an excuse for the patient.

Question: 14

Of the following manifestations, which is NOT a clinical finding consistent with transient tachypnea of the newborn (TTN)?

A. Progressive respiratory distress in the first hours of life with diminished air entry upon auscultation
B. Begins at birth, usually resolving in the first 24 to 48 hours of life
C. Chest radiograph shows central perihilar streaking with a slightly enlarged heart and fluid in the fissure
D. Increased respiratory rate is present (grunting and intercostal retractions are not always present)

Answer: A

Explanation:
Correct answer: Progressive respiratory distress in the first hours of life with diminished air entry upon auscultation
TTN is a respiratory condition that results from incomplete evacuation of fetal lung fluid in at or near term infants. It results from decreased pulmonary compliance and tidal volume, and increased dead space, secondary to slow absorption of fetal lung fluid. It is more common in infants born by cesarean section.
Common findings include increased respiratory rate with or without grunting and intercostal retractions (not always present). Cyanosis is not a prominent feature, and air exchange is good (rales and rhonchi are usually absent). The typical course involves a gradual decrease in respiratory rate, usually resolving in the first 24-48 hours of life. No specific therapy is usually necessary other than maintaining oxygenation.
Progressive respiratory distress with diminished air entry in the first hours of life is a finding more indicative of neonatal respiratory distress syndrome (NRDS), a condition occurring secondary to surfactant deficiency, resulting in alveolar atelectasis and decreased lung compliance. It is found almost always in premature infants, with the greatest incidence in infants weighing <1500g.

Question: 15

Both the American Academy of Pediatrics (AAP) and Bright Futures recommend blood pressure (BP) screenings at every well-child health visit beginning at what age?

A. 4 years old
B. 2 years old
C. 5 years old
D. 3 years old

Answer: D

Explanation:
Correct answer: 3 years old
Hypertension in infants and young children is most often secondary to another disease process, most commonly renal in origin. Increased rates of obesity can cause primary hypertension in older school-age children and adolescents; however, the GU system must be considered.

The AAP and the Bright Futures Practice Guidelines recommend routine blood pressure (BP) screening at every preventive health care visit beginning at 3 years old.

Question: 16

In the pediatric patient with suspected infectious mononucleosis syndrome (IMS), a blood smear would likely reveal which of the following findings?

A. Atypical lymphocytosis
B. Heinz-Ehrlich bodies
C. Spherocytes
D. Burr cells

Answer: A

Explanation:
Correct answer: Atypical lymphocytosis
The blood smear (complete blood count) of a patient with IMS provides a classic picture of lymphocytosis with more than 10% atypical lymphocytes. Elvated liver enzymes are typical in the complete blood count (CBC). In addition, Monospot and the serum heterophile test are positive in 85% of infected patients older than 4 years old (often negative in those younger than 4 years old), but it is important to note that children must be ill for about 2 weeks before seroconversion occurs.
Viral culture and Epstein-Barr-specific core and capsule antibody testing are usually used for diagnosis if the primary screening test results are negative (in younger children, respectively) and there is continued suspicion of IMS.
The other answer choices do not pertain to IMS.

Question: 17

In a 2-month-old male diagnosed with congenital adrenal hyperplasia (CAH), what are the MOST commonly found electrolyte and blood pressure abnormalities?

A. Hypertension, hypernatremia, hyperkalemia
B. Hypotension, hyponatremia, hyperkalemia
C. Hypotension, hyponatremia, hypokalemia
D. Hypertension, hyponatremia, hyperkalemia

Answer: B

Explanation:
Correct answer: Hypotension, hyponatremia, hyperkalemia
Primary or congenital adrenal hyperplasia is a genetic condition characterized by a deficiency of the hormones cortisol and aldosterone produced by the adrenal cortex. Due to deficient levels of

mineralocorticoid hormones (aldosterone), which are responsible for maintaining the salt balance within the body, these individuals are at risk for salt-wasting crisis.
Clinical findings involve hyponatremia, hyperkalemia, metabolic acidosis, and dehydration. In addition, hypoglycemia and hypotension are likely to be present due to cortisol deficiency.

Question: 18

Leukemia is the most common form of childhood cancer, accounting for up to 30% of all pediatric cancers. Which of the following types of leukemia accounts for nearly 80% of childhood leukemia cases?

A. Chronic lymphocytic leukemia (CLL)
B. Acute myeloid leukemia (AML)
C. Chronic myeloid leukemia (CML)
D. Acute lymphocytic leukemia (ALL)

Answer: D

Explanation:
Correct answer: Acute lymphocytic leukemia (ALL)
Leukemias are classified according to cell type involvement (lymphocytic or nonlymphocytic) and by cellular differentiation. ALL is characterized by predominantly undifferentiated white blood cells (WBCs). ALL accounts for about 80% of childhood leukemia cases, with a peak incidence between 2 and 6 years of age, and 56% of leukemia cases in adolescents. There have been dramatic improvements in survival for ALL over the past four decades, with outcomes approaching 90% in the latest studies.
AML is less common in children than ALL and accounts for about 15% of leukemia cases in children and 31% of those in adolescents.

Question: 19

Which of the following describes the provision of targeted, accessible, continuous, and family-centered care for pediatric patients with chronic diseases that require regular monitoring and care?

A. Preferred provider organization
B. Medical home model
C. Complimentary and alternative medicine
D. Federally qualified health center

Answer: B

Explanation:
Correct answer: Medical home model
Health delivery has been restructured to emphasize a patient-centered medical home model that is based strongly on relationship-centered care between provider and patient. This personalized approach is at the core of integrative medicine and also addresses 21st-century pediatric health care concerns and

needs. It is care that is preventive, predictive, and personalized. With the medical home model, the focus becomes less on "curing diseases" and more on promoting health and healing, as well as preventing future disease. In this model, medical care also becomes less fractured, resulting in decreased costs, thus leading to fewer outside referrals while providing more continuity of care.

Question: 20

Considering a child is up-to-date on vaccinations, which of the following would a 9-month-old child MOST likely to be eligible to receive?

A. Varicella
B. Rotavirus
C. Hepatitis B
D. MMR (measles, mumps, rubella)

Answer: C

Explanation:
Correct answer: Hepatitis B
The hepatitis B vaccine is generally a 3- or 4-dose series with the first dose given at birth, the second dose given at 1 to 2 months of age, and the third given between 6 and 18 months old.
The usual schedule for rotavirus vaccine is 2, 4, and 6 months of age. MMR and varicella are generally given in two separate doses at 12 to 15 months, then again at 4 to 6 years old; the second dose can be combined into one injection (MMR-V).