

ATI Pediatric Test Bank 2

- A nurse is collecting data from a school-age child. The nurse should identify that which of the following findings is a manifestation of physical abuse?
 - Multiple dental caries
 - Malnutrition
 - Recurrent urinary tract infections
 - Bruises at various stages of healing (The nurse should recognize that bruises at various stages of healing are a clinical manifestation of physical abuse.)
- A nurse is reinforcing teaching with an adolescent who has an inflamed nonperforated appendix and is scheduled for a laparoscopic assisted appendectomy. Which of the following instructions should the nurse include in the teaching?
 - "You can begin drinking fluids again 2 days after your surgery."
 - "You will need to ask for pain medication for the first 24 hours after surgery."
 - "You will have your vital signs monitored every 8 hours after surgery."
 - "You will sit in your chair at least twice a day after surgery." (The nurse should instruct the client that she will sit in a bedside chair at least twice a day and will be encouraged to ambulate as soon as possible following surgery. This activity will enhance lung function and help prevent postoperative complications.)
- A nurse is reinforcing teaching about sudden infant death syndrome (SIDS) with the parent of a 1-month-old infant. Which of the following statements by the parent indicates an understanding of the teaching?
 - "I will let my baby sleep with me in bed at night."
 - "I will allow my baby to have a pacifier while sleeping." (The nurse should reinforce with the parent that allowing the infant to fall asleep with a pacifier in his mouth decreases the risk for SIDS.)
 - "I will place my baby on a soft mattress to sleep."
 - "I will cover my baby with a quilt while he sleeping."
- A nurse is assisting with the care of a child who is postoperative and received a transfusion during a surgical procedure. Which of the following findings indicates the child is having a hemolytic reaction?
 - Chills and flank pain (Chills and flank pain are findings that indicate an incompatibility of the transfused blood product with the client's blood. The nurse should identify this finding as an indication that the child is having a hemolytic reaction.)
 - Pruritus and flushing
 - Rales and cyanosis
 - Bradycardia and diarrhea

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