Collins - Bride & Saxe's Clinical Guidelines for Advanced Practice Nursing 4th edition Joo Test Bank

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Collins-Bride & Saxe's Clinical Guidelines for Advanced Practice Nursing – Test Bank

Joo_Ch01-Collins-Bride & Saxe's Clinical Guidelines for Advanced Practice Nursing

1. To be eligible for early postnatal discharge, it is expected that the newborn should have:

a. stooled at least once since birth.

✓ b. demonstrated a minimum of two successful feedings.

c. had hyperbilirubinemia treated adequately with phototherapy.

2. According to the Centers for Disease Control and Prevention (CDC), immunization recommendations include:

✓ a. administration of all recommended childhood vaccinations starting at two months postnatal age, except hepatitis B vaccination, which is given within the first postnatal month.

b. administration of all recommended childhood vaccinations starting at two months postnatal age.

c. administration of all recommended childhood vaccinations starting at two months postnatal age, except for the hepatitis B vaccine, which is always given immediately after birth.

3. The late preterm infant:

✓ a. has a heightened risk of readmission after discharge, due to hyperbilirubinemia or poor feeding.

b. experiences poor catch-up growth in the first year of life.

c. refers to infants born < 35 weeks gestation.

4. Recommended screening for all newborns includes:

✓ a. critical congenital heart defect (CCHD) screening.

b. direct serologic assessment of bilirubin.

c. meconium or urine screening for substance exposure.

5. Baby M. was born at 39 weeks' gestation following a spontaneous vaginal delivery, weighing 7 pounds 12 ounces. The baby has had an uneventful hospital course, and discharge is anticipated today at approximately 36 hours of age. The baby awakens with handling, has a stable temperature, has voided twice and stooled once, and has attempted to feed at the breast every 2-3 hours. Today's weight is -5% from birth, and the mucus membranes are moist. The discharge exam is unremarkable except for clinical jaundice extending to the nipple line. The recommended approach to Baby M.'s jaundice is:

a. obtain a direct serologic assessment of bilirubin, as jaundice within the first 48 hours of life suggests active hemolysis; delay discharge.

✓ b. consider obtaining a transcutaneous bilirubin assessment, but discharge doesn't need to be delayed unless the value is above age-appropriate norms; arrange for follow-up assessment post-discharge.

c. the level of clinical jaundice is non-significant, and the infant is at no risk.

6. Baby M.'s parents have heard about screening infants' blood for rare disorders. Your best response to their inquiry is:

✓ a. all states mandate some newborn blood screening prior to discharge, as certain conditions, such as congenital hypothyroidism, benefit from early detection and treatment.

b. while hearing and congenital heart defect screening are mandated, no state requires testing of newborn blood for rare disorders.

c. all states require screening for the same panel of rare congenital disorders.

7. True or False? According to the American Academy of Pediatrics (AAP), outpatient well childcare should be initiated within 72 hours following discharge.

8. True or False? Findings on the cranial exam that may alter the initial measurement of head circumference include cephalohematoma, caput succedaneum, and molding.

9. True or False? Screening for hearing loss is currently recommended for all infants within the first postnatal month.

10. True or False? Screening for critical congenital heart defects (CCHD) uses pulse oximetry and is mandated for all newborns to improve early detection and prompt management.

11. True or False? The AAP recommends that infants with visible jaundice noted prior to 24 hours of age be screened with a serologic or transcutaneous bilirubin test.

12. True or False? When counseling the new parent, it is appropriate to indicate that no extra water is typically needed in the neonate's diet, as both breast milk and regular infant formula provide sufficient fluid to meet dietary needs.

13. True or False? When parents elect to use a formula for infant nutrition, it is appropriate to recommend an iron-fortified formula to meet the infant's nutritional needs.

14. True or False? The AAP recommends that all late preterm infants (LPI), due to their increased risks for rehospitalization in the early neonatal period, be seen for a first outpatient visit no later than 48 hours following discharge.

15. True or False? Clinical jaundice is common in the newborn population and occurs in about 60% of term newborns during the first week of life.

Joo_Ch02-Collins-Bride & Saxe's Clinical Guidelines for Advanced Practice Nursing

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1. Pediatric failure to thrive may be associated with preexisting genetic or functional conditions. Which of the following are among the recognized conditions?

✓ a. Celiac disease and cystic fibrosis

b. Acute renal failure

c. Hypothyroidism

2. When establishing the diagnosis of FTT (weight faltering) it is important to note that:

✓ a. weight-for-age ratios may inaccurately overrepresent infants who were premature at birth, or constitutionally small.

b. persistent weight below the 10th percentile is a necessary finding.

c. lab tests such as urinalysis, CBC, and serum electrolytes are needed to support other suggestive findings.

3. Baby P was born at 27 weeks' gestation, weighing 1,050 grams. The clinical course was notable for respiratory distress syndrome, managed with continuous positive airway pressure (CPAP) support and supplemental oxygen, and development of chronic lung disease. At discharge, the baby (now postmenstrual age 43 weeks and weighing 3,020 grams) requires supplemental oxygen per nasal cannula. Which is true of the post-NICU infant with chronic lung disease?

✓ a. The infant remains at risk for poor health outcomes such as infections, growth failure, and delays.

b. The infant will predictably outgrow the need for supplemental oxygen within a month post-discharge.

c. The infant is expected to grow as well as peers after the first month post-discharge.

4. Infants recuperating from initial illness and NICU care are at risk for sensory and developmental delays. Which of the following are recommended as screening in the post-NICU population?

a. Vision screening for those less than 1,500 grams at birth or those exposed to oxygen therapy

b. Hearing screening prior to discharge with audiology follow-up by one year of age, due to the high rates of hearing loss in this population

c. Developmental assessment when risks such as birthweight less than 1000 grams, presence of congenital CNS malformations, or clinical course complicated by hypoglycemia or hyperbilirubinemia exist

✓ d. All of these are correct.

5. You are seeing a 15-month-old infant for the first time for a routine visit. The family has recently moved from another state due to a parent's opportunity for employment. No records are available, and the parent reports the infant had been well and was last seen at a clinic six months ago to get up to date on shots. Your interview reveals the infant was born at term (39 weeks gestational age) following an uneventful vaginal delivery, weighing 7 pounds, 5 ounces. The infant was breastfed for approximately five months and then was bottle-fed formula plus some complementary foods such as cereal. The parent describes him as "skinny" and a picky eater who will eat some plain foods such as chicken, rice, and potatoes and rarely vegetables or fruit. The infant enjoys fruit juices and milk and uses both a bottle and a cup for drinking. The infant is active and responsive, and on today's exam, his weight is 18 ¼ pounds; based on the standardized WHO growth chart, his weight is at the second percentile. Your initial impression suggests weight faltering (FTT) as a diagnosis in this infant. In addition to securing past medical records, an initial plan for this infant/family is to:

a. obtain a thorough nutrition history, including a 24-hour dietary recall.

b. establish a growth trend, including weight/height/head circumference as baseline, and plan for serial assessments.

c. consult with a pediatric nutritionist to guide food recommendations and reinforce appropriate nutritional practices.

d. refer to home care nursing (if available) for ongoing support and evaluation.

✓ e. All of these are correct.

6. Achieving adequate growth is essential in cases of weight faltering, and management is long-term. Which of the following is true of pediatric weight faltering (FTT)?

✓ a. Most cases can be managed on an outpatient basis, without the need for hospitalization unless evidence of severe dehydration, extreme weight deficiency, or suspected neglect exists.

b. Parenteral nutrition is the mainstay of FTT management, and enteral feedings are discontinued until a stable growth trend is established.

c. Monitoring of serum electrolytes is essential to address the heightened risk of dehydration.

7. True or False? Weight faltering is a common reason for emergency department visits and hospitalizations in the pediatric population.

8. True or False? Failure to thrive, also known as weight faltering, most commonly presents during the first 18-24 months of life.

9. True or False? The rationale for using supplemental oxygen therapy in the post-NICU infant with CLD is to support growth and prevent development of cor pulmonale as a complication.

10. True or False? The goal of developmental assessment for infants post-NICU is to provide early intervention that will maximize long-term potential.

11. True or False? Despite improvement in growth with intensive management, children with a history of FTT/weight faltering are at ongoing risk for poorer cognitive and school performance outcomes.

Joo_Ch03-Collins-Bride & Saxe's Clinical Guidelines for Advanced Practice Nursing

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1. What are some developmentally appropriate strategies you can use to make an infant or preschooler more comfortable during your assessment?

a. Respect the child's personal space

b. Initially avoid eye contact with the child

c. Allow the child to observe the interaction between the examiner and their parent prior to assessment

✓ d. All of these are correct.

2. The cover-uncover test is part of what system assessment?

✓ a. Eye

b. Ear

c. Neurologic

d. Cardiovascular

3. All of the following are normal milestones for social and verbal language development in early childhood except:

a. follows 2-step commands.

b. uses words or points to ask for help.

✓ c. speaks in words that are 100% understandable.

d. names 2 to 5 body parts.

4. One of the important aspects of an oral health assessment in early childhood is:

✓ a. parental oral health.

b. frequency of respiratory illness.

c. language.

d. protein intake.

5. At what ages should a risk-assessment screening for anemia be performed?

a. Every 6 months

b. 4, 6, 9, and 24 months

✓ c. 4, 15, 18, 24, 30, and 36 months

d. 12 and 24 months

6. What are important components of a comprehensive health history in infants and preschool children?

a. Maternal prenatal history

b. Birth history

c. Family medical history

✓ d. All of these are correct.

7. P.J. is a 24-month-old male who comes in with his father for his 2-year-old pediatric well-child visit. His father's chief complaint is that P.J. is not talking like other children his age. P.J. has about 25 words, often tugs at his mom's clothes to show her something, and has frequent tantrums when he cannot express his needs. He does not put two words together. He responds to two-step commands, interacts well with his father, and makes good eye contact with you during the visit. What questions would you ask as part of your health history related to P.J.'s language development?

a. Is there a family history of hearing impairment?

b. Is there a maternal history of in-utero infections?

c. Did P.J. receive any ototoxic medications after delivery?

✓ d. All of these are correct.

8. P.J. is a 24-month-old male who comes in with his father for his 2-year-old pediatric well-child visit. His father's chief complaint is that P.J. is not talking like other children his age. P.J. has about 25 words, often tugs at his mom's clothes to show her something, and has frequent tantrums when he cannot express his needs. He does not put two words together. He responds to two-step commands, interacts well with his father, and makes good eye contact with you during the visit. What standardized developmental screenings would you perform at this visit?

a. ASQ

✓ b. M-CHAT

c. ASQ and M-CHAT

d. Denver

9. P.J. is a 24-month-old male who comes in with his father for his 2-year-old pediatric well-child visit. His father's chief complaint is that P.J. is not talking like other children his age. P.J. has about 25 words, often tugs at his mom's clothes to show her something, and has frequent tantrums when he cannot express his needs. He does not put two words together. He responds to two-step commands, interacts well with his father, and makes good eye contact with you during the visit. What referrals might you consider making for P.J. if you are concerned about his speech?

a. Audiological evaluation

b. Speech evaluation

✓ c. Audiological and speech evaluation

d. Autism evaluation

10. True or False? In early childhood, children may be more comfortable being assessed in their caregiver's lap.

11. True or False? History of medication allergies is assessed as part of the review of systems.

12. True or False? P.J. is a 24-month-old male who comes in with his father for his 2-year-old pediatric well-child visit. His father's chief complaint is that P.J. is not talking like other children his age. P.J. has about 25 words, often tugs at his mom's clothes to show her something, and has frequent tantrums when he cannot express his needs. He does not put two words together. He responds to two-step commands, interacts well with his father, and makes good eye contact with you during the visit. True or False: Temper tantrums are abnormal for P.J.'s age.

Joo_Ch04-Collins-Bride & Saxe's Clinical Guidelines for Advanced Practice Nursing

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1. During the 3-year-old well check, the parent reports that K.J. drinks about 32 ounces of nonfat milk daily. You know that:

a. milk has high levels of vitamin D, and the recommendation is to drink at least 32 ounces a day.

b. milk contains high levels of fat. If K.J. is drinking nonfat milk, there is no limit to the daily consumed amount.

✓ c. milk quantities greater than 24 ounces per day are associated with iron deficiency anemia. You recommend reducing daily milk consumption to less than 24 ounces daily.

2. At C.L.'s 4-year-old visit, you note that until now, C.L. has been up to date with vaccines. For C.L. to stay current with the required vaccines for school, which of the following statements is correct?

a. C.L. continues to be up to date on vaccines until the 9-year-old checkup, when HPV can be given. No vaccines are ordered today.

✓ b. Today, you will order MMR, varicella, DTaP, and polio, along with the annual flu shot and COVID booster if those haven't been updated.

c. All 4-year-olds must receive a booster of hepatitis B as well as the annual influenza and COVID boosters. Each of these is ordered.

3. You are interested in evaluating J.J.'s development at the 3-year-old visit. You do this by:

a. observing J.J. interacting with family members during the visit; this is an unintrusive method to evaluate aspects of development.

b. administering a standardized developmental questionnaire for 36-month-olds to obtain a developmental assessment.

✓ c. both observing J.J. interacting with family members during the visit and administering a standardized developmental questionnaire for 36-month-olds to obtain a developmental assessment, with the knowledge that provider observation in combination with a standardized developmental questionnaire is the best option.

4. M.O. is 5 years old and is in the office for a well check. You review the chart and note that since the pandemic started 2 years ago, M.O.'s BMI has increased from the 50th to 85th percentile. You're aware of the impact the pandemic has had on many children's health and want to investigate further what the underlying cause is for M.O. In reviewing M.O.'s nutritional history, what aspect of the history might indicate a need for more education for the care providers to protect M.O. from developing obesity?

a. M.O. is no longer eating the usual quantity at meals due to snacking throughout the day instead. M.O. developed this pattern when home and in remote class.

b. The family was concerned M.O. was not getting enough vitamin C so started giving 2-3 glasses of orange juice a day to try to improve M.O.'s nutrition.

c. M.O. used to eat dinner at 6 p.m. with his parents, but now they wait for the older sibling to return home from extra-curricular activities and eat together at 8:30 p.m. before M.O.'s bedtime at 9 p.m.

✓ d. All of these are indicators the parents may benefit from education about the prevention of overweight and obesity.

5. M.O. is 5 years old and is in the office for a well check. You review the chart and note that since the pandemic started 2 years ago, M.O.'s BMI has increased from the 50 th to 85 th percentile. You're aware of the impact the pandemic has had on many children's health and want to investigate further what the underlying cause is for M.O. When M.O. was 3 years old, daily life consisted of preschool in the morning and then home to have lunch and playtime with neighborhood friends. What changes in daily routine could contribute to the increase in BMI?

a. Now, before bedtime, the family reads books and has quiet time when before, they all watched an evening show on TV together.

✓ b. M.O. has been home more since the preschool never reopened after the pandemic. M.O. started kindergarten this year but comes home for lunch and then plays on the tablet until everyone has dinner together.

c. Bedtime used to be between 9-10 p.m., but since starting kindergarten, M.O. is in bed by 8 p.m. since wake-up time is between 7-8 a.m.

6. M.O. is 5 years old and is in the office for a well check. You review the chart and note that since the pandemic started 2 years ago, M.O.'s BMI has increased from the 50th to 85th percentile. You're aware of the impact the pandemic has had on many children's health and want to investigate further what the underlying cause is for M.O. When you're considering how many hours of physical activity for a 5-year-old, you recommend which of the following?

a. There's no need to recommend a certain number of hours since at this age, M.O. will naturally play the amount that is healthy.

b. You recommend at least 30 minutes per day, knowing more time than that is setting M.O. up for failure.

c. You recommend at least 30 minutes of physical activity a day as well as decreasing screen time to less than 2 hours.

✓ d. None of these is correct.

Joo_Ch05-Collins-Bride & Saxe's Clinical Guidelines for Advanced Practice Nursing

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1. Growth in middle childhood:

a. should be steady and continue on their growth curve.

b. may have a different rate based on genetic conditions.

c. should be measured annually.

✓ d. All of these are correct.

2. When should a hearing screening be performed?

a. At an annual well-child exam

b. When there are academic concerns

c. When there are parental concerns

d. When there are patient concerns

✓ e. All of these are correct.

3. Who is at greater risk for long-term health problems?

a. Children with a greater number of ACEs

b. Children with ACEs earlier in childhood

c. Children who are near-sighted

d. Children with identified speech delay

✓ e. Children with a greater number of ACEs and children with ACEs earlier in childhood

4. Which of the following is not necessary when reviewing patient safety in this population?

a. Helmet use

b. Recreational activities

c. Media use and exposure

✓ d. Sleep location and position

e. Bullying

5. When is a Tanner staging exam needed?

a. Every well-child annual exam

b. After age 10

✓ c. When there are pubertal developmental concerns

d. When a patient is snoring or experiencing sleep apnea

e. Every well-child annual exam and when there are pubertal developmental concerns

6. What is the best way to assess nutritional intake in a school-aged child?

a. Parental report
b. Patient report
✓ c. 1-2 day diet recall by parent and child
d. BMI and BP
e. Lipid screening and profile

7. How much exercise does the CDC recommend for children in this age group?

✓ a. 60 minutes every day
b. Mixture of strength and cardio 2 times a week
c. Two hours or more every day
d. Recess or PE every day at school
e. Must exceed “screen time” by at least 10 minutes

8. In an 8-year-old and older, the examiner expects the patient to verbalize:

a. school progress.
b. peer relationships.
c. body concerns.
d. family relationships.
✓ e. All of these are correct.

9. Which parental report of the following social determinants of health would require additional screening?

✓ a. Food insecurity
b. Computer provided by school for learning
c. Participating in a year-round YMCA soccer program
d. Frequently accesses local library
e. Has secure housing

10. What is the recommended beverage of choice for this age group?

a. Juice
b. Artificially sweetened beverages
c. Fat-free milk
d. Water
✓ e. Fat-free milk and water

11. Where can you look to check the most current recommendations for childhood screenings?

a. Pediatric Primary Care Textbook published within the last 5 years
✓ b. The most current AAP Bright Futures periodicity schedule
c. The most current EMR clinic template for a 9-year-old well-child check
d. Peer-reviewed published journal articles within the last 2 years

12. When should social determinants of health be assessed?

a. At the age of consent

b. Once the child is verbal

✓ c. At every pediatric well-child visit

d. If the child has spent time in foster care

13. A 9-year-old cis-male, Sam, is here for his 9-year-old well-child check. His growth is tracking on the 60% percentile for length, 70% for weight, and his blood pressure is at 65% for age. He is performing at grade level in the 4th grade at a local public school. He likes to ride his bike with his friends Matt and Jose in their neighborhood, which his parents feel is safe. He has his own tablet device he uses in the living room with internet access, and his parents use the "built-in" safety settings. He eats a varied diet, and his parents are not concerned about behavior or learning. He goes to bed at 9 and wakes at 7. All recommended screenings were completed and were negative, except for vision screening, which was 40/20 in the right eye and 20/20 in the left eye. Physical exam, growth, and development were unremarkable, and all systems were negative for pertinent findings; Sam was cooperative, well-appearing, and cheerful with the examiner. At what age should Sam's penis and testicles be examined?

a. Infancy and then not again until the onset of puberty

✓ b. This visit and every well-child exam

c. 12 years

d. Only after the onset of puberty

14. A 9-year-old cis-male, Sam, is here for his 9-year-old well-child check. His growth is tracking on the 60% percentile for length, 70% for weight, and his blood pressure is at 65% for age. He is performing at grade level in the 4th grade at a local public school. He likes to ride his bike with his friends Matt and Jose in their neighborhood, which his parents feel is safe. He has his own tablet device he uses in the living room with internet access, and his parents use the "built-in" safety settings. He eats a varied diet, and his parents are not concerned about behavior or learning. He goes to bed at 9 and wakes at 7. All recommended screenings were completed and were negative, except for vision screening, which was 40/20 in the right eye and 20/20 in the left eye. Physical exam, growth, and development were unremarkable, and all systems were negative for pertinent findings; Sam was cooperative, well-appearing, and cheerful with the examiner. What is your priority referral for this visit?

a. Stature - endocrine

b. Weight - GI

✓ c. Vision - optometry

d. Head Circumference - Genetics

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and cheerful with the examiner. Which patient education topics are not important to cover at this age?

a. Puberty and growth expectations
b. Recommended safety/helmet use
c. Stranger and personal safety
✓ d. Sleep position and location

Joo_Ch06-Collins-Bride & Saxe's Clinical Guidelines for Advanced Practice Nursing

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1. When should a provider discuss confidentiality with an adolescent and their accompanying adults?

a. At the first visit after the patient is 12 years old
b. At the beginning of every visit
c. Before discussion of sensitive topics
✓ d. All of these are correct.

2. How often should adolescents have well visits?

✓ a. Annually
b. When they become sexually active
c. When vaccines are due
d. Every other year

3. Which of the following should not be assessed annually in adolescents?

a. Depression
b. Substance use
c. STI risk
✓ d. Lipid levels

4. Samantha is a 16-year-old cis-female presenting for the first time to the adolescent clinic. Her PMH is significant for seasonal allergic rhinitis (well managed with OTC antihistamine) and well-managed mild intermittent asthma. She has no physical concerns at today's visit. Her psychosocial assessment includes: - Her parents are recently divorced, and she divides her time between them. - She has a best friend. - School is “ok.” She gets Bs and Cs. - She smokes cannabis occasionally with friends. She rarely drinks. - She is attracted to both male and female partners and has had sex with 2 M partners. She considers herself pansexual. - She used condoms sometimes. - She has her driver's license. She tries not to drive if she's been smoking. - She reports one episode of self-harm about 6 months ago (she cut her arm with a pencil). Which feature of Samantha's history is most concerning for a suicide risk?

a. Her parents are divorced.
b. She smokes cannabis sometimes.
c. She doesn't always use condoms.
✓ d. She has a history of self-harm.

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a. Sexual partners

b. Eating habits

✓ c. Management of chronic disease

d. School

6. Samantha is a 16-year-old cis-female presenting for the first time to the adolescent clinic. Her PMH is significant for seasonal allergic rhinitis (well managed with OTC antihistamine) and well-managed mild intermittent asthma. She has no physical concerns at today's visit. Her psychosocial assessment includes: - Her parents are recently divorced, and she divides her time between them. - She has a best friend. - School is "ok." She gets Bs and Cs. - She smokes cannabis occasionally with friends. She rarely drinks. - She is attracted to both male and female partners and has had sex with 2 M partners. She considers herself pansexual. - She used condoms sometimes. - She has her driver's license. She tries not to drive if she's been smoking. - She reports one episode of self-harm about 6 months ago (she cut her arm with a pencil). What would be the most effective approach for discussing Samantha's substance use?

a. Use the CRAFFT screener

✓ b. Motivational interviewing

c. Review dangers of impaired driving

d. Disclose the substance use to Samantha's parents

Joo_Ch07-Collins-Bride & Saxe's Clinical Guidelines for Advanced Practice Nursing

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1. S.A. is a 10-year-old female-identifying birth-designated male who uses she/her pronouns. She socially transitioned to female in kindergarten and presents to clinic with her mother, with the chief complaint of pubarche. She is extremely anxious about the onset of male puberty, stating that she doesn't want a deep voice and hair on her face. Her parents are divorced and share custody, and they disagree about how to support S.A.'s gender. On physical exam, you note sexual maturity rating (SMR) stage 2 pubic hair and 3 mL testes bilateral. What is the best next step?

a. Order early morning ultrasensitive LH, FSH, and total testosterone labs and a bone density (DXA) scan given pubertal onset.