

Group 1

1. Which of the following may be a sign of Braxton-Hicks contractions and not true labor?
 - a) contractions radiate from the lower back and “wrap around” the lower abdomen.
 - b) change in position will not alleviate contractions.
 - c) contractions may be alleviated by drinking water.
 - d) contractions intensify after they begin.

2. What physiological change takes place in pregnant women close to delivery date that could cause you as provider to misdiagnose something normal as a major issue?
 - a) swelling from the pregnancy may make it difficult to palpate or identify fractures
 - b) pregnancy can often cause slurred speech which may be interpreted as stroke
 - c) the cartilage connecting the pubic symphysis dissolves making the pelvic girdle appear to be damaged or unstable
 - d) all of the above

3. Which of the following is not a sign of preeclampsia?
 - a) sensitivity to light and blurred vision.
 - b) severe hypertension.
 - c) anxiety.
 - d) euphoria

4. For pediatric patients what is the ABCs assessment?
 - a) airway, breathing, circulation, disability, exposure
 - b) airway, breathing, circulation
 - c) airway, breathing, circulation, discoloration, equilibrium
 - d) airway, breathing, circulation, deterioration, exhibition

5. Where would you palpate a pulse on a pediatric patient?
 - a) radial and carotid
 - b) carotid and femoral
 - c) ~~radial and~~ brachial
 - d) brachial and dorsalis pedis

6. What is the systolic blood pressure formula for a pediatric?
 - a) $70 + (2 \times \text{child's age in year})$
 - b) $70 + \text{child's age}$
 - c) $70 + 2 \times \text{child's age}$
 - d) $70 + 2 (\text{child's age})$

7. What is the main cause for cardiac arrest in infants and children?
 - a) acute myocarditis
 - b) coronary heart disease
 - c) respiratory failure and respiratory arrest
 - d) congenital heart disease

8. Meningitis with infants or children present with the following signs and symptoms Except:
 - a) altered mental status
 - b) a stiff or painful neck
 - c) headache and fever
 - d) depressed fontanelles

9. When assessing a pediatric patient and you suspect Bronchiolitis, what sign would be a good indicator that you are on the right track:
 - a) altered mental status
 - b) diaphoretic skin
 - c) dehydration
 - d) red spots on the skin

10. What can interfere with movement of a child's diaphragm that can lead to hypoventilation?
 - a) gastric distention
 - b) respiratory compromise
 - c) separation anxiety
 - d) both A and B

11. When is PAT deemed appropriate when assessing a child?
 - a) a potentially stable child clinging to his or her mother
 - b) a child going into cardiovascular shock
 - c) a child who has consumed a poisonous plant
 - d) all the above

12. A child has signs of a runny nose, coughing and sneezing. It then progresses to a more whooping cough. It is highly contagious and spread through respiratory droplets. This disease can be potentially deadly and isn't as common in the United States.
- a) pertussis
 - b) bronchiolitis
 - c) pneumonia
 - d) croup

Group 2

Chapter 33

1. What is the difference between preeclampsia and eclampsia? (p. 1187)
 - a) They're actually the same thing, it's just that preeclampsia comes before pregnancy
 - b) Preeclampsia is pregnancy-induced hypertension, whereas eclampsia is pregnancy-induced hypotension
 - c) Eclampsia is characterized by pregnancy-induced seizures, whereas preeclampsia defines the aura prior to a pregnancy-induced seizure
 - d) Preeclampsia is defined as pregnancy-induced hypertension (among other symptoms), here as eclampsia is defined as seizures that occur due to that hypertension.

2. Which of the following is not a normal change in pregnancy? (p. 1185-6)
 - a) Up to 50% increase of blood volume
 - b) Increased risk of complications from trauma, bleeding, or certain medical conditions
 - c) Increased breath rate, but decreased depth
 - d) Decreased risk of aspiration pneumonia*

3. What is an ectopic pregnancy? (p. 1187)
 - a) the baby is being born prematurely.
 - b) the embryo develops outside of the uterus, most often in a fallopian tube.*
 - c) the baby is born feet first rather than head first
 - d) the baby is born with the umbilical cord around its neck.

4. What are the three stages of labor: (p. 1193)
 - a) signed, sealed, delivered
 - b) dilation of the cervix, delivery of the fetus, and then delivery of the placenta*
 - c) uterine contractions, dilation of the cervix and vagina, and delivery of the fetus
 - d) "broken water," transportation to the closest hospital capable of delivering babies (like Suburban, duh), and yeetus of the fetus

5. What questions should you ask your patient who is pregnant?
 - a) "When was your LMP?"
 - b) "Have you been pregnant before?"
 - c) "Have you given birth before?"
 - d) All of the above*
 - e) "None of your business"

6. What is the type of delivery called when the fetus's buttocks appears first instead of its head? (p. 1206)
- posterior delivery
 - limb presentation
 - prolapsed delivery
 - breech delivery
7. What is an Apgar score, what is measured, and what is a perfect score? (1204-1205)
- It is the standard scoring system used to assess the status of a newborn. It measures 5 categories (Appearance, Pulse, Grimace/Irritability, Activity/Muscle Tone, and Respirations), on a scale from 0 to 2.
A perfect score is a 10. ****
 - It's the standard scoring system used to assess the appearance and functioning of a newborn. It measures 7 categories (Crying, Reflex, Ability to Feed/Latch, Move Extremities, Ability to Recognize their mom, Ability to Sleep, and Ability to urinate/defecate), on a scale from 0 to 3.
A perfect score is a 21.
 - It's the most commonly used scoring system in the United States, and it evaluates how responsive a neonate is to their new environment and various stimuli. It measures 10 categories (Appearance, Pulse, Grimace/Irritability, Activity/Muscle Tone, Respirations, Crying, Reflex tests, Ability to Feed/Latch, Ability to Sleep, and Ability to Urinate/Defecate), on a scale from 0 to 5.
A perfect score is a 50.
 - It's the internationally-accepted and used scoring system, and it evaluates how well a neonate's birthing process and subsequent responsiveness is. It measures 12 categories (Appearance, Pulse, Grimace/Irritability, Activity/Muscle Tone, Respirations, Crying, Reflex tests, Ability to Feed/Latch, Ability to Sleep, Ability to Urinate/Defecate, Recognize their Mom, and Circulation/Skin), on a scale from 0 to 10.
A perfect score is 120.

Chapter 34

- What is the normal respiration rate for a toddler? (p. 1225)
 - 0-60
 - 24-40*
 - 22-34
 - 18-30
 - 12-16
- Common causes of seizures in pediatric patients include all of the following except:
 - infection
 - electrolyte imbalance
 - hyperglycemia*
 - ingestion of a poison

3. When assessing an 8 year-old child, you should:
 - a) Talk to the caregiver and explain your course of action
 - b) Talk to the child, not just the caregiver*
 - c) Focus on your assessment and disregard the caregiver
 - d) Give the child a toy to make it stop crying

4. Differences between the integumentary system of children vs. adults include all of the following except: (p. 1226)
 - a) Children have thinner skin with less subcutaneous fat
 - b) Children's skin burns more deeply and easily
 - c) Children's skin tends to be lighter when they are younger, and it gets darker as they grow older*
 - d) Children have a larger body-surface-area-to-mass-ratio

5. You respond to a call for a 3-month-old infant with a chief complaint of decreased LOC. When arriving on scene, the mother tells you that the child has been in and out for the last hour or so despite having just woken up from a nap, a lack of tears when crying and a notable decrease in urine output. What is the FIRST thing you should do? (p. 1254)
 - a) Check the skin for signs of cyanosis and diaphoresis
 - b) Ask the mother when the last time the baby had something to eat
 - c) Check the baby's pulse*
 - d) Verify if the baby is currently conscious and alert *

6. A bacterial infection that may cause obstruction of the upper airway in a child is called: (p. 1244)
 - a) croup*
 - b) epiglottitis
 - c) bronchitis
 - d) asthma

7. Which of the following is not a common cause of seizures in children? (p. 1256)
 - a) abuse
 - b) fever
 - c) hyperglycemia*
 - d) no obvious clinical cause

8. A child presents with small, pinpoint, cherry red spots on their legs. Their sibling presents with a
 - a) Methicillin-resistant *Staphylococcus aureus* infection
 - b) *Yersinia pestis* infection
 - c) *Neisseria meningitidis* infection***
 - d) Varicella zoster virus infection

Yay Stoli! You did it! Good job!

Group 3

(answer key below, after questions)

Chapter 33

1. By the 20th week of pregnancy the top of the uterus is...

- a) At or above the belly button
- b) Pushing on the diaphragm
- c) Rapidly growing
- d) Retaining red blood cells

A: “By the 20th week of pregnancy the top of the uterus is at or above the belly button” -p. 1185

2. By the end of the third trimester the pregnant patients heart rate increases up to

- a) 50%
- b) 5%
- c) 20%
- d) 25%

A: “By the end of the pregnancy (third trimester) the pregnant patients heart rate increases up to 20% to accommodate the increase in blood volume” -p. 1185

3. Severe hypertension, persistent headaches, visual abnormalities, and edema are all signs/symptoms of

- a) eclampsia
- b) preeclampsia
- c) supine hypotensive syndrome
- d) ectopic pregnancy

A: “Preeclampsia or pregnancy-induced hypertension...this condition can develop after the 20th week of gestation and is characterized by the following signs and symptoms: severe hypertension, severe or persistent headache, visual abnormalities, edema, anxiety” -p. 1187

4. What are the most common causes of abruptio placenta

- a) fetal alcohol syndrome
- b) the placenta covers the cervix
- c) hypotension and trauma
- d) hypertension and trauma

A: “In abruptio placenta...the most common causes are hypertension and trauma” -p. 1187

5. You patient is pregnant and experiencing contractions that are irregular and steady in intensity and frequency, your patient may be experiencing
- a) true labor
 - b) false labor
 - c) primigravida
 - d) multigravida

A: “False labor (braxton-hicks contractions) Contractions are not regular and do not increase in intensity or frequency. Contractions may come and go” -Table 33-1 p. 1194

6. When a fetus is positioned head first in the birth canal this is called
- a) breech position
 - b) vernix caseosa
 - c) cephalic presentation
 - d) nuchal cord

A: “When a fetus is positioned head first in the birth canal, this is called cephalic presentation. Most births are cephalic presentation” words of wisdom p. 1200

BONUS QUESTION:

closed to new answers



kavya

How is babby formed?

how is babby formed

how girl get pragnent

6 months ago - 4 answers - Report Abuse



Chapter 34

1. All are the common causes of seizures in pediatrics except :
 - a) ingestion/ poisoning
 - b) hyperglycemia
 - c) infection
 - d) <omitted>

2. An infant with severe dehydrations would most likely show signs of:
 - a) crying
 - b) cool, diaphoretic skin
 - c) absent urine output
 - d) fatigue

3. What is a difference between a pediatric and adult airway? (1223)
 - a) The pediatric airway is longer in length.
 - b) The heart is above a child's chest, while not in an adult.
 - c) The glottic opening is positioned more posteriorly.
 - d) The pediatric airway has a smaller cross-sectional area.

4. The first month after birth is called the:
 - a) Toddler phase
 - b) Premature phase
 - c) Neonatal period
 - d) Growth phase

5. Which of the following is **NOT** a typical characteristic of sudden infant death syndrome (SIDS)?
 - a) Deficits in brain functioning
 - b) Congenital metabolic defects
 - c) Genetic variation
 - d) Heart Dysfunction

6. Which of the following is **NOT** an immediate question to ask when there is suspicion of child abuse?
 - a) Is the injury mechanistic or naturistic?
 - b) Is there evidence of drinking or drug use at the scene?
 - c) Does the child have several types of injuries, such as burns, fractures and bruises?
 - d) Is there an unexplained decreased level of consciousness?

7. When assessing a 5+ year old child, you should:
 - a) Avoid taking vitals
 - b) Talk to the child, not just the parents
 - c) Only talk with the parents
 - d) Give the child a lollipop

ANSWER KEY

Ch. 33

1. a
2. c
3. b
4. d
5. b
6. c

Ch. 34

1. b
2. c
3. d
4. d
5. b
6. a
7. b