

## Pediatric & Neonatal Critical Care Transport Self Assessment

1. A predictor for a child with a latex allergy may include an allergy to:
  - a. Penicillin (PCN)
  - b. Fruit and nuts
  - c. Aspirin (ASA)
  - d. Milk
  
2. To obtain an estimate of a normal systolic BP in a child you could calculate:
  - a.  $70 + (2 \times \text{the child's age in years})$
  - b.  $90 \times (2 \times \text{the child's age in years})$
  - c.  $90 + (2 \times \text{the child's age in years})$
  - d.  $90 + (2 \times \text{the child's age in months})$
  
3. Boyles Law states that the volume of gas varies inversely with pressure; therefore, you should perform which procedure prior to a flight greater than 2000 feet:
  - a. Clamp NG Tube
  - b. Decompress a 20% pneumothorax
  - c. Fill ET tube cuff with air
  - d. Stabilize a fracture with an air splint
  
4. You are transporting a five-year old with a tracheostomy tube to a tertiary care center when the trach tube becomes dislodged. Complications that can occur with tracheostomy tube replacement include all of the following **EXCEPT**:
  - a. Creation of a false lumen
  - b. Pneumothorax
  - c. Pneumomediastinum
  - d. Hemopericardium
  
5. Dressings saturated in blood can be weighed to help determine the amount of blood loss where 1 ml equals:
  - a. 0.5 gram
  - b. 1 gram
  - c. 1.5 grams
  - d. 2 grams
  
6. The most common cause of bradycardia in children is:
  - a. Hypothermia
  - b. Hypoglycemia
  - c. Hypoxia
  - d. Hypovolemia

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7. Which of the following is a barbiturate?
  - a. Pentobarbital
  - b. Ketamine
  - c. Propofol
  - d. Midazolam
  
8. Complications of rewarming a child too quickly may include:
  - a. Hypertension
  - b. Hypotension
  - c. Encephalopathy
  - d. None – you need to rewarm a child as quickly as possible
  
9. An increase in ammonia is an indicator of:
  - a. Acute hepatic failure
  - b. Acute myocardial infarction
  - c. Acute cycle cell anemia
  - d. Acute abdomen
  
10. A five-year old presents in hemorrhagic shock to the local ED. In regards to transfusions, what is your target hematocrit?
  - a. < 15
  - b. Between 21-25
  - c. > 30
  - d. Between 15-20
  
11. All of the following procedures will stimulate the vagus nerve resulting in bradycardia **EXCEPT**:
  - a. Airway procedures
  - b. Breath holding
  - c. Rectal stimulation
  - d. Crying
  
12. Junctional ectopic tachycardia (JET) is seen in which of the following conditions:
  - a. First seventy-two hours post cardiac surgery
  - b. Kawasaki's disease
  - c. fever
  - d. Both a and c
  
13. One of the major differences between ventilating adults and children is:
  - a. Children require higher FiO<sub>2</sub>
  - b. Adults are usually volume ventilated and children are usually pressure ventilated.
  - c. Children require higher tidal volumes
  - d. Adults require higher PEEP levels

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14. Indications for mechanical support of ventilation include all of the following **EXCEPT**:

- a. Apnea
- b. Cardiogenic Shock
- c. Impending respiratory failure
- d. Acute renal failure

15. In addition to the blood of the neonatal patient being more viscous than the adult, which of the following is also **TRUE**?

- a. The WBC count is lower
- b. There are no other differences
- c. Newborns have lower circulating hemoglobin
- d. The clot time is shortened

16. An eight-year-old, 26 kg boy presents to a rural ED with acute DIC from septic shock. You are called to transport this child to a tertiary care center. Your assessment reveals:

Vitals: HR – 170, RR – 36, Cap refill is 1 second, Temp. 104.2°F,  
HCT 32, PT elevated, PTT elevated.

Choose the best course of treatment for this child.

- a. Place rectal probe to monitor temperature
- b. Administer 15 mg/kg of Acetaminophen
- c. Administer ½ to ¾ maintenance IV fluids
- d. Administer 10mg/kg of Ibuprofen

17. In regards to the presentation of septic shock; in adults we would usually see \_\_\_\_\_; in children we would see \_\_\_\_\_.

- a. Diffuse vasodilatation; diffuse vasoconstriction
- b. Diffuse vasoconstriction ; diffuse vasodilatation
- c. Diffuse vasodilatation ; profuse vasodilatation
- d. Diffuse vasoconstriction ; profuse vasoconstriction

18. You are called to transport a five-year-old male who is in septic shock. Lab values are as follows: pH 7.1, PCO<sub>2</sub> 35, PO<sub>2</sub> 90, HCO<sub>3</sub> 12

- a. Ventilate the child 1x/second
- b. Start Dopamine drip
- c. Do nothing; these lab values are normal
- d. Give Sodium Bicarb 1-2 mEq/kg

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19. Important treatment considerations for a patient with Kawasaki's disease include all of the following **EXCEPT**:

- a. Aspirin is indicated at 80-100 mg/kg/day
- b. TPA is indicated with signs of MI
- c. Monitor for hypertrophic cardiomyopathy
- d. Monitor for ST elevation and evidence of MI

20. When a child presents with bacterial endocarditis, their cultures will always be positive:

- a. True
- b. False

21. All of the following treatments are indicated in the presence of Myocarditis, **EXCEPT**:

- a. Gamma Globulin
- b. Antipyretics
- c. Anti – inflammatory agents
- d. Pain Control

22. You are transporting a child with hypertrophic cardiomyopathy from the local hospital to a tertiary care facility four hours away. In preparing for the transport, you prepare all of your arrest medications ahead of time due to the instability of the patient. While preparing the medications, you draw up a calcium channel blocker. When administering a calcium channel blocker to a patient suffering from hypertrophic cardiomyopathy which of the following is a valid statement?

- a. Hypertrophy may increase
- b. Sudden death may result
- c. Calcium channel blockers work well for hypertrophic cardiomyopathy
- d. When used for hypertension, it should be given very slow IVP

23. Atrioventricular Septal Defect is often associated with Trisomy 21:

- a. True
- b. False

24. Hypoplastic Left Heart Syndrome is an acyanotic defect:

- a. True
- b. False

25. Complications of an Atrial Septal Defect (ASD) include:

- a. Atrial dysrhythmias
- b. Respiratory failure
- c. Cyanosis
- d. Ventricular dysrhythmias

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26. A five day old, full term infant presents with shock and respiratory failure. The referring physician thinks the child might have an undiagnosed cardiac defect. The key intervention for this patient is:

- a. Drawing coagulation studies
- b. Initiating a prostaglandin (PGE) infusion
- c. Inserting a foley catheter to monitor urine output
- d. Starting maintenance IV fluids

27. Children with DiGeorge's Syndrome can have an Interrupted Aortic Arch. This is a primary concern for the health care provider because:

- a. This is not a concern for us
- b. The poor vasculature makes venous access difficult
- c. They have a distinct and short neck that makes intubation very easy
- d. They have a distinct and short neck that makes intubation very difficult

28. You are nearing the end of a 4-hour critical care transport of an unstable 7-year-old child with a CHD who has an arterial line, is intubated, and on a ventilator, and has a triple lumen central line. With an ETA of thirty minutes to the hospital, you notice that the child is cyanotic and his pulse oximeter is reading 88% and falling. Your best course of action is to:

- a. Tell the driver to drive faster
- b. Divert to a closer hospital
- c. Reassess airway, oxygenation and ventilation (AOV) and manually ventilate the patient if necessary
- d. Administer Dopamine and PGE

29. Children with an atrial septal defect have a left to right shunting of oxygenated blood. In addition to the shunting, they also may be associated with:

- a. Mitral valve prolapse
- b. Aortic valve insufficiency
- c. Pulmonary valve stenosis
- d. None of the above

30. The most common arrhythmias that occur in the post-op patient who had an atrioventricular septal defect is:

- a. Ventricular tachycardia
- b. Sinus bradycardia
- c. SVT
- d. Heart block

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31. When a patient has the Aorta originating from the anatomic right ventricle, the pulmonary artery originating from the anatomic left ventricle, and a VSD and pulmonary stenosis may be present, these are all indicative of:

- a. Tetralogy of Fallot
- b. Total Anomalous Pulmonary Venous Return
- c. Transposition of the Great Arteries
- d. Ductal Dependent Lesion

32. If considering a fluid for volume replacement for the patient in acute hepatic failure, what would you use?

- a. D<sub>5</sub>W
- b. D<sub>5</sub>-½ NS
- c. Albumin
- d. 3%NS

33. The BP may be normal for a child with a GI bleed. Which of the following is true regarding GI bleeds in children?

- a. Children can have a 5% blood loss before an autonomic response occurs.
- b. A blood loss of 20% or more may occur before hypotension and metabolic alkalosis develop.
- c. A blood loss of 20% or more may occur before hypotension and metabolic acidosis develop.
- d. The development of shock is not dependant on age or pre-existing conditions.

34. Aeromedical transportation of the postoperative acute appendicitis patient should be:

- a. Immediately after surgery
- b. 12-24 hours post operative
- c. 24-48 hours post operative
- d. Aeromedical transportation is contraindicated for the post-op patient with an acute appendicitis

35. The most common reason for abdominal surgery during childhood is:

- a. Acute splenectomy
- b. Acute appendicitis
- c. Pancreatitis
- d. Acute GI hemorrhage

36. Common immuno-suppression agents include all of the following **EXCEPT**:

- a. Penicillin (PCN)
- b. OKT3
- c. FK506
- d. Prednisone

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37. Which of the following patients are immunocompromised:
- Three year old with AIDS
  - Seven year old with a liver transplant
  - Six month old with BPD
  - A and B
38. Which of the following interventions would be appropriate for a patient with potential tumor lysis syndrome:
- IV hydration
  - Furosemide infusion to keep urine output > 5cc/kg/min
  - Administration of potassium run for potassium level of 3.0
  - A and C
39. The drug of choice for pain management in sickle cell crisis is:
- Toradol
  - Fentanyl
  - Aspirin (ASA)
  - Valium
40. You are going to give Glucagon IV for a patient with altered mental status. Which of the following is true regarding Glucagon administration?
- Glucagon is indicated in a calcium channel blocker overdose.
  - Glucagon releases glycogen stores in the liver
  - Glucagon has  $\alpha_1$  effects when given IV
  - Glucagon cannot be given IV; it can only be given IM
41. After successfully treating a child with a bolus of dextrose you should continue to check the glucose level at least every \_\_\_\_\_ minutes.
- 15-30
  - 30-45
  - 45-60
  - 60-90
42. Infants with seizures typically present with the following signs:
- Full body movements and loose stools
  - Bradycardia, staring, and desaturations
  - Tachycardia, tachypnea, and gross movement
  - Decreased LOC and inability to talk

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43. In a patient with an increased ICP, suctioning can significantly increase the ICP. Therefore, the most appropriate intervention prior to suctioning is:
- Administer lidocaine
  - Administer flumazenil
  - Administer diazepam
  - No additional intervention is necessary
44. You are transporting a three year old with an intraventricular catheter (IVC). The patient complains of a headache and the ICP waveform is dampened. What are some possible causes of this situation:
- IVC is blocked with protein deposits
  - The stopcock on the transducer is turned off to the drain
  - There is an air bubble in the transducer tubing
  - Both a and b
45. The presence of A-waves on an ICP monitoring waveform indicates:
- A low pressure wave or a compliant cranium
  - A high pressure wave or a non-compliant cranium
  - A medium pressure wave or a medium compliant cranium
  - No cause for concern
46. All of the following pharmacological agents are used to treat children with bronchopulmonary dysplasia (BPD) **EXCEPT:**
- Albuterol Neb 2.5 mg in 3 cc
  - Methylprednisolone 2 mg/kg
  - Terbutaline
  - Furosemide
47. A five-year old male presents to the ED with epiglottitis. He is clearly having difficulty breathing. You should:
- Intubate immediately
  - Call anesthesia
  - Give Albuterol
  - Look down his throat
48. Intubation and ventilation in the neonate period can cause which of the following upper airway diseases?
- Croup
  - Epiglottitis
  - Tracheomalacia
  - Vascular ring



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49. The advent of ETCO<sub>2</sub> has eliminated the need for breath sounds to confirm ET tube placement.
- True
  - False
50. A three year old with chronic renal failure on peritoneal dialysis has a potassium of 7.2. What are the options for lowering the potassium?
- Kayexalate via NGT
  - Calcium chloride 20 ml/kg IV
  - Bicarbonate 1 mEq/kg IV
  - 25% Dextrose 4 mL/kg IV
51. Which of the following patients meet the criteria for a pediatric trauma center:
- Toddler with a head injury and GCS of 6
  - Infant with a head laceration for a fall
  - Preschooler with 5% second degree burns on his right arm
  - A and C
52. When accessing a Central line, IV fluid can be administered after which of the following steps?
- Placing patient in supine position
  - Obtaining vital signs
  - Donning a mask
  - Withdrawing 3-5mL of blood
53. When performing a gestational age assessment on the neonate, we use the:
- New Ballard Score
  - New COMA Score
  - New APGAR Score
  - New Gestational Score
54. During the transition from fetal to adult circulation, the closure of the ductus venosus is most dependent on:
- Internal hypercapnea
  - Bright lights
  - First inspiration
  - Cessation of umbilical blood flow
55. You are transporting a neonate who is twelve hours old with duodenal atresia via ground ambulance. Transport considerations for duodenal atresia include:
- Large bore NGT to gravity
  - Foley catheter to monitor urine output
  - Dextrose infusion to prevent hypoglycemia

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- d. Antibiotics for potential infection
56. A neonate that has a pH of 6.9:
- a. Has no chance of recovery due to brain damage
  - b. Has a chance for a full recovery
  - c. Can recover but there is a 100% chance of brain damage
  - d. Is in a severe alkalosis
57. The heat loss mechanism concerned with ambient air temperature and air flow:
- a. Conduction
  - b. Convection
  - c. Evaporation
  - d. Radiation
58. The effect that cold stress has on the pulmonary system is:
- a. No effect
  - b. Decreased pulmonary artery pressure
  - c. Increased left to right shunt
  - d. Pulmonary vasoconstriction
59. Under which of the following conditions is passage of meconium before birth normal?
- a. No condition
  - b. Prolonged first stage of labor
  - c. Transverse lie
  - d. Breech presentation
60. A cephalohematoma differs from a subgaleal bleed in that a subgaleal bleed:
- a. Is localized within suture lines
  - b. Is a true emergency and can cause exsanguination
  - c. Most commonly occurs during a normal delivery
  - d. Occurs only in neonates that fall within the < 10<sup>th</sup> percentile of intrauterine growth
61. Common neonatal seizure activity includes all of the following EXCEPT:
- a. Lip smacking
  - b. Tonic-clonic
  - c. Eye deviation
  - d. Rhythmic movements of extremities

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62. On a snowy winter day you are transporting a neonate from a rural hospital that did not have a NICU, your neonate starts to show seizure activity. Prior to the use of anticonvulsant therapy you should:

- a. Turn up the heat in the incubator
- b. Turn down the heat in the incubator
- c. Check for hypoglycemia and treat if possible
- d. None of the above

63. An infant born with an abdominal wall defect is prone to developing these problems immediately after birth:

- a. Respiratory compromise and infection
- b. Hypothermia and respiratory compromise
- c. Hypothermia and infection
- d. Infection and hyperglycemia

64. Based upon age, which of the following is the common cause of seizures in toddlers?

- a. Epilepsy
- b. Fever, accidental ingestion
- c. Meningitis
- d. Brain tumors

65. You are transporting a six month old infant by ground ambulance with intussusception. What are the potential life threatening complications of this condition:

- a. Perforated intestinal wall
- b. Metabolic acidosis
- c. Poor perfusion
- d. All of the above

66. You are transporting a four year old with hemolytic-uremic syndrome (HUS) by helicopter to the referral hospital. What lab values would be important to know before initiating the transport?

- a. Sodium
- b. White blood cell (WBC) count
- c. Creatinine
- d. Potassium

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67. You are transporting a five year old with new onset diabetes. The child's blood sugar was initially 1147. After the sending facility started an insulin drip at 1 unit/kg/hr, 2 hours ago the blood sugar is now 435. What complication should you assess the patient for:

- a. Hypotension
- b. Acute renal failure
- c. Cerebral edema
- d. Adrenal insufficiency

68. You are transporting a seven year old who fell off his bike and has a Grade III liver laceration. The patient has worsening perfusion with cool extremities, weak peripheral pulses and a capillary refill time of five seconds. What is the most appropriate intervention.

- a. Give 10 mL/kg of LR
- b. Give 20 mL/kg of normal saline
- c. Give 5 mL/kg of packed red blood cells
- d. Give 10 mL/kg of 5% albumin

69. You are transporting an eighteen month old with a pulmonary contusion from a TV falling on him. What complications would you anticipate?

- a. Hypoxia
- b. Acute renal failure
- c. Tension pneumothorax
- d. Hypovolemia

70. You arrive to pick up a nine year old with a closed tib/fib fracture. The staff at the sending hospital suspects the patient has compartment syndrome. What signs and symptoms are consistent with this condition?

- a. Pulseless limb
- b. Warm limb
- c. Swollen limb
- d. Cyanotic limb

71. What are the early sign and symptoms of CHF in children?

- a. Tachypnea, rales, restlessness
- b. Tachypnea, cough, bronchospasm
- c. Cough, increased oxygen requirement, tachypnea
- d. Bradypnea, rales, restlessness

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72. You are transporting a three year old with 20% BSA burns to his lower extremities. The patient develops poor perfusion despite receiving appropriate fluid replacement via the Parkland formula. What would be the most appropriate intervention?

- a. 20 mL/kg of NS over 10 – 20 minutes
- b. 20 mL/kg of LR over 10 – 20 minutes
- c. 10 mL/kg of LR over 60 minutes
- d. Dopamine infusion at 5 mcg/kg/minute

73. You are transporting a 2 year old patient with pneumonia on mechanical ventilation with the following settings: FiO2 60%, PIP 22cm, Rate 16, PEEP 3cm. The target tidal volumes for this patient are:

- a. 5 – 7 mL/kg
- b. 10 - 15 mL/kg
- c. 10 – 12 mL/kg
- d. 7 – 10 mL/kg

74. You are transporting a six month old with RSV bronchiolitis on mechanical ventilation with the following settings: FiO2 70%, PIP 24 cm, Rate 30, I time 0.8 seconds, PEEP 4 cm. The most recent ABG is : pH 7.14, PaO2 87, PaCO2 63, HC03 24. What is the most appropriate intervention?

- a. Increase the rate to 40
- b. Increase the I time to 1 second
- c. Increase PIP to 26 cm
- d. Increase PEEP to 5 cm

75. The usual amount of fluid bolus of colloids is:

- a. 10 mL/kg
- b. 20 mL/kg
- c. 5 mL/kg
- d. 2 – 4 mL/kg

76. You are preparing to intubate a five year old asthmatic. Which of the following would be the best induction medication to use?

- a. Succinylcholine
- b. Propofol
- c. Ketamine
- d. Etomidate

77. You arrive to find a three year old with pneumonia in respiratory distress. Which of the following assessments is most concerning?

- a. Blood pressure 84/40
- b. Respiratory rate 54
- c. Moderate retractions

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d. O<sub>2</sub> saturations of 94%

78. You are transporting a previously healthy six month old with respiratory failure. His current ventilator settings are: FiO<sub>2</sub> 50%, PIP 22 cm, Rate 26, PEEP 5 cm, I Time 0.8 seconds. His current assessment shows: Temperature 38.6C/101.2 F, HR 150, RR 26 (vent controlled), BP 70/40, capillary refill time of five second with cool/mottled extremities, and O<sub>2</sub> sats of 84%. Which of the following strategies would improve his oxygenation?

- a. Administer acetaminophen
- b. Give a 20 mL/kg bolus of normal saline
- c. Increase the FiO<sub>2</sub>
- d. All of the above

79. You are transporting a nine month old with bronchopulmonary dysplasia and bronchiolitis. Her current ventilator settings are FiO<sub>2</sub> 35%, Mode SIMV, PIP 22 cm, Rate 14, PEEP 4 cm, I Time 0.6 seconds. Her most recent blood gas is: pH 7.38/PaO<sub>2</sub> 72/PaCO<sub>2</sub> 65 /HCO<sub>3</sub> 32. What is the most appropriate intervention?

- a. Increase the rate
- b. No change in ventilator settings needed
- c. Increase the PIP
- d. Increase the I Time

80. You arrive to transport a four year old, 15 kg drowning patient. The patient is on the following ventilator settings: FiO<sub>2</sub> 100%, PIP 26 cm, Rate 25, PEEP 5 cm, I Time 0.8 seconds. The child's inspiratory volumes are 60 – 70 mL. What are the possible causes of the low tidal volume?

- a. The endotracheal tube is too small
- b. The PIP is too low
- c. The rate is too low
- d. a and b

81. You are transporting a twelve year old on mechanical ventilation following multiple seizures. The ventilator alarms for high pressure. What are some possible causes of a high pressure alarm?

- a. The patient is biting the endotracheal tube
- b. The patient has secretions in the endotracheal tube
- c. The endotracheal tube is kinked
- d. All of the above

82. In which of the following conditions would you not want to use a standard dose of etomidate?

- a. Hemorrhagic shock
- b. Congenital heart disease
- c. Muscular dystrophy
- d. Bronchospasm

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83. You are transporting a nine year old asthmatic who begins wheezing. Which of the following interventions would be most effective to treat the bronchospasm?

- a. Atrovent 0.5 mg nebulization
- b. Methylprednisolone 2 mg/kg IV
- c. Magnesium sulfate 75 mg/kg IV
- d. Racemic epinephrine 0.5 mL nebulization

84. Which of the following anatomic features is associated with a difficult airway?

- a. Extra digits on hands and feet
- b. Micrognathia
- c. Chin cleft
- d. All of the above

85. You are drawing up 7 mcg of Fentanyl for an infant with a scald burn. The concentration of the Fentanyl is 50 mcg/kg. How much Fentanyl would you draw up?

- a. 0.14 mL
- b. 1.4 mL
- c. 0.1 mL
- d. 0.7 mL

86. You are preparing to administer a dose of Cefazolin to a seven year old, 18 kg child. The sending hospital has given you a 50 mL mini-bag that has the correct dose of Cefazolin in it. The medication is ordered to be infused over twenty minutes. What rate would you set the infusion pump?

- a. 50 mL/hr
- b. 100 mL/hr
- c. 150 mL/hr
- d. 75 mL/hr

87. You are transporting a ten year old, 30 kg child with gastroenteritis and dehydration. The medical control physician orders D<sub>5</sub>NS at two times maintenance. How fast would you run the IV?

- a. 70 mL/hr
- b. 140 mL/kg
- c. 60 mL/hr
- d. 100 mL/hr

88. You are caring for a six month old, six kg infant with hypoplastic left ventricle. The medical control physician orders D<sub>5</sub>1/4NS at half maintenance. How fast would you run the IV?

- a. 12 mL/hr
- b. 6 mL/hr
- c. 24 mL/hr

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d. 3 mL/hr

89. You arrive to transport a two year old, 12 kg toddler with fever and dehydration. The nurse reports that she just changed a wet diaper that the patient has had on for the last four hours. What is the minimum amount of urine output that would be acceptable?

- a. 12 mL
- b. 25 mL
- c. 50 mL
- d. 300 mL

90. You arrive to transport a three month old with bronchiolitis. Which of the following assessments is most concerning?

- a. Irregular respiratory pattern
- b. Unable to track activity
- c. Respiratory rate of 48
- d. Mottled fingers and toes

91. You are dispatched for a twenty-five week premie with suspected sepsis. The neonate is twenty four hours old. What complications would you anticipate?

- a. Hypoglycemia
- b. Hypothermia
- c. Hypocalcemia
- d. All of the above

92. You are transporting a thirteen year old patient with a closed head injury via fixed wing aircraft to a pediatric trauma center. What is the most important transport consideration?

- a. Avoid hypothermia
- b. Position head forward facing
- c. Lubricate the patient's eyes
- d. Increase the rate on the ventilator

93. You arrive to transport a just delivered, thirty-four week premie who is small for gestational age. What complications would you anticipate?

- a. Hypoglycemia
- b. Hypoxia
- c. Hypocalcemia
- d. a and b

94. You are transporting a fifteen month old with seizures by helicopter following a bone marrow transplant nine days ago. What is the most important transport consideration?

- a. Elevate the head of the bed thirty degrees
- b. Avoid hypothermia
- c. Load with the engines off
- d. Vent the foley catheter



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95. Which of the following is an abnormal finding on a pediatric chest x-ray?
- Large thymus gland
  - Flattened diaphragm on both sides
  - Heart size less than half the diameter of the chest
  - Bifurcation of the trachea
96. Which of the following x-ray findings of the neck is consistent with croup?
- “Steeple sign”
  - “Thumbprint sign”
  - Widened retropharyngeal space
  - Subcutaneous air
97. Which of the following are common parental stressors?
- Separation from their child
  - Poor communication with the medical team
  - Repeated attempts to establish IV access in their child
  - All of the above
98. What maintenance IV fluid would be most appropriate for a child with a head injury?
- Normal saline
  - Lactated Ringer’s
  - D<sub>5</sub>1/2NS
  - D<sub>5</sub>NS
99. Which of the following strategies might increase the anxiety of an adolescent?
- Talking to their parents separately
  - Being uncovered when moved from bed to stretcher
  - Examining their ears
  - a and b
100. You arrive to transport a four year old, fifteen kilogram child who has a chest tube in place following surgery for a sucking chest wound caused by falling through a plate glass window. The nurse measures the chest tube output for the last two hours. What amount of output would indicate active bleeding?
- 30 mL
  - 180 mL
  - 90 mL
  - 120 mL

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### Answer Key

1. B	26. B	51. A	76. C
2. C	27. D	52. D	77. C
3. B	28. C	53. A	78. D
4. D	29. D	54. D	79. B
5. B	30. D	55. A	80. D
6. C	31. C	56. B	81. D
7. A	32. C	57. B	82. A
8. B	33. C	58. D	83. C
9. A	34. C	59. A	84. B
10. C	35. B	60. B	85. A
11. D	36. A	61. B	86. C
12. D	37. D	62. C	87. B
13. B	38. A	63. C	88. A
14. D	39. B	64. B	89. C
15. A	40. B	65. D	90. B
16. B	41. A	66. D	91. D
17. A	42. B	67. C	92. B
18. D	43. A	68. B	93. D
19. C	44. D	69. A	94. C
20. B	45. B	70. A	95. B
21. C	46. C	71. C	96. A
22. B	47. B	72. B	97. D
23. A	48. C	73. D	98. A
24. B	49. B	74. C	99. D
25. A	50. A	75. A	100. B