



CPEN Emergency Nurse Prep

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Practice Questions

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1. A nurse is caring for a child with acute asthma exacerbation. Which assessment finding would prompt the nurse to contact the physician immediately?

- A. Wheezing
- B. Coughing
- C. Increased respiratory rate
- D. Diminished breath sounds

2. Which of the following conditions is NOT commonly associated with an increased risk of developing Reye's syndrome?

- A. Influenza
- B. Chickenpox
- C. Measles
- D. Asthma

3. Which of the following conditions frequently results in chronic hypoxemia due to airway obstruction and pulmonary hypertension?

- A. Chronic obstructive pulmonary disease (COPD)
- B. Pulmonary embolism (PE)
- C. Cystic fibrosis (CF)
- D. Asthma

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4. Which of the following is the MOST likely cause of respiratory failure in a pediatric patient with severe asthma?

- A. Foreign body aspiration
- B. Status asthmaticus
- C. Bacterial pneumonia
- D. Viral bronchiolitis



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5. A 5-year-old child with a history of Kawasaki disease is being evaluated for possible complications. Which of the following is a common cardiovascular complication associated with Kawasaki disease?

- A. Coronary artery aneurysm
- B. Congestive heart failure
- C. Pulmonary embolism
- D. Mitral valve prolapse

6. Which essential medication should be administered to a pediatric patient experiencing an acute asthma exacerbation?

- A. Oxygen
- B. Ipratropium
- C. Epinephrine
- D. Albuterol

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7. In the context of pediatric patients with cystic fibrosis, surfactant plays several important roles in the respiratory system. All of the following are functions of surfactant, except:

- A. Facilitating mucociliary clearance
- B. Providing defense against microorganism infection
- C. Vasodilating the pulmonary vasculature
- D. Reducing surface tension to prevent alveolar collapse

8. Which of the following diagnostic steps is LEAST appropriate for confirming a diagnosis of respiratory distress in a pediatric patient?

- A. Pulse oximetry
- B. Blood glucose measurement
- C. Chest x-ray
- D. Arterial blood gas (ABG) analysis

9. A pediatric nurse is caring for an infant presenting with bronchiolitis. Which pathogen is the most common cause of this condition?

- A. Respiratory syncytial virus (RSV)
- B. Streptococcus pneumoniae
- C. Influenza virus
- D. Human metapneumovirus



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10. A nurse is caring for a 10-year-old child who has been administered an IV antibiotic for a bacterial infection. The nurse should instruct the child to report which sign(s) and/or symptom(s) immediately?

- A. Sore throat, cough
- B. Drowsiness, headache
- C. Mild discomfort at the injection site
- D. Itching, swelling at the injection site

11. A 7-year-old female presents to the emergency department with a severe headache, photophobia, neck stiffness, and a high fever. The nurse suspects bacterial meningitis and anticipates the doctor will order which of the following tests to diagnose this condition?

- A. EEG (Electroencephalography)
- B. Chest X-ray
- C. Lumbar puncture
- D. Head CT scan

12. Identify the primary treatment for a chemical burn that minimizes further tissue damage.

- A. Using topical antibiotics
- B. Immediate irrigation with water
- C. Applying ice to the burn
- D. Rubbing alcohol on the burn

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13. Which cardiovascular medication has a direct effect by slowing the conduction through the atrioventricular (AV) node, allowing greater time for ventricular filling?

- A. Digoxin
- B. Epinephrine
- C. Atropine
- D. Amiodarone



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14. A 10-year-old boy is brought to the emergency department after a near-drowning incident in cold water. Based on this diagnosis, the nurse prepares to administer which of the following treatments?

- A. Observation and passive rewarming
- B. Administering only cold IV fluids
- C. Monitoring without rewarming
- D. Rewarming with heated oxygen and IV fluids

15. Which phase of an asthma exacerbation is characterized by severe, unmanageable symptoms that do not respond to treatment?

- A. Mild persistent
- B. Moderate persistent
- C. Status asthmaticus
- D. Mild intermittent

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16. Which of the following electrolyte imbalances is likely to occur in a child with severe dehydration?

- A. Hyponatremia
- B. Hypokalemia
- C. Hyperkalemia
- D. Hypernatremia

17. The amount of airflow into and out of the lungs per minute, called minute ventilation, is crucial for maintaining proper respiratory function. Which of the following factors affect minute ventilation?

- A. Expiratory reserve volume, tidal volume
- B. Residual volume, respiratory rate
- C. Tidal volume, respiratory rate
- D. Tidal volume, inspiratory reserve volume

18. Which of the following types of pediatric burn injuries are often treated with skin grafts?

- A. Types 2 and 3
- B. Types 3 and 4
- C. Types 1 and 2
- D. Type 4 only



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19. A 6-month-old infant with a severe bacterial infection is receiving antibiotic therapy. During the assessment, the nurse notes that the infant has significantly decreased urine output and alerts the physician. What is the most likely cause of this patient's oliguria?

- A. Hyponatremia
- B. Decreased renal perfusion
- C. Increased renal perfusion
- D. Hyperkalemia

20. A 7-year-old child presents to the emergency department with a significant fever and a new onset of a heart murmur, heard best at the left sternal border. Upon auscultation, a grade IV diastolic murmur is identified. What characteristic finding would most likely accompany this type of murmur?

- A. Increased blood flow through the aortic valve
- B. Murmur heard throughout diastole
- C. Murmur heard when the stethoscope is partly off the chest
- D. A palpable thrill

21. All the following are associated with an increased risk of catheter-associated urinary tract infections (CAUTIs), EXCEPT:

- A. Improper sterile technique for catheter insertion
- B. Infrequent monitoring of catheter insertion sites
- C. Early catheter removal
- D. Longer catheter dwell times

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22. Which of the following medications are primarily used in the initial treatment of status epilepticus in pediatric patients?

- A. Intravenous vasopressin and respiratory treatments with inhaled albuterol and Pulmicort
- B. Intravenous corticosteroids and antivirals
- C. Intravenous benzodiazepines and antiepileptic drugs (AEDs)
- D. Intravenous antibiotics and diuretics



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23. A pediatric patient is brought to the emergency department after being in a severe motor vehicle accident, exhibiting signs of multiple fractures and internal injuries. What should be the nurse's first priority of care?

- A. Stabilizing fractures
- B. Airway management
- C. Pain management
- D. Assessing neurological status

24. You are triaging a 5-year-old child who was found unresponsive at home. Initial assessment reveals that the child has pinpoint pupils and is experiencing respiratory depression. Which statement, if made by the parent, demonstrates they understood your explanation about the possible cause of the child's condition?

- A. "My child may have ingested opioids, which can cause pinpoint pupils and respiratory depression."
- B. "My child has a low blood sugar level, which is causing the unresponsiveness and pinpoint pupils."
- C. "The unresponsiveness and pinpoint pupils are signs of a seizures disorder."
- D. "My child may have an infection leading to these symptoms."

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25. A pediatric nurse would NOT expect to observe bradycardia in which emergent situation?

- A. Complete heart block
- B. Acute dehydration
- C. Increased intracranial pressure
- D. Severe hypothermia

26. What is the Platelet Antibody Test (PAT) used to detect?

- A. Immune thrombocytopenic purpura (ITP)
- B. Any acute inflammatory response
- C. IgM-positive antibodies in maternal and newborn blood
- D. Human leukocyte (HLA) antigens



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27. How should the progression of physical recovery following a pediatric injury be described?

- A. Linear and fixed
- B. Variable and individualized
- C. Predictable and uniform
- D. Consistent and rapid

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28. Which patient is the FLACC Pain Scale most appropriate for in a pediatric emergency setting?

- A. A preschool-aged child who is interactive
- B. A 7-year-old child who can self-report pain
- C. A 2-day-old neonate
- D. A toddler with a developmental delay

29. Bradycardia is indicative of which type of pediatric shock?

- A. Hypovolemic shock
- B. Septic shock
- C. Cardiogenic shock
- D. Anaphylactic shock

30. Which of the following interventions BEST enhances rapid assessment skills for a nursing team in a pediatric emergency department?

- A. Offer optional lunchtime educational lectures
- B. Create a list of online assessment training resources
- C. Implement regular simulation scenarios with debriefing sessions
- D. Distribute quick-reference flashcards



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Answer Key & Explanations

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1. D — Diminished breath sounds

Answer: Diminished breath sounds Acute asthma exacerbation can cause symptoms such as wheezing, coughing, and an increased respiratory rate. However, diminished breath sounds may indicate severe airway obstruction or imminent respiratory failure, which is a serious complication and necessitates immediate contact with the physician. Wheezing and coughing are common symptoms of asthma exacerbation but are not immediately life-threatening.

2. D — Asthma

Answer: Asthma Reye's syndrome is a rare but serious condition that causes swelling in the liver and brain. It most commonly affects children and teenagers recovering from a viral infection. Although the exact cause is unclear, the relationship between taking aspirin during a viral illness and the development of Reye's syndrome has been well documented. Conditions most associated with an increased risk of Reye's syndrome include the use of aspirin for viral infections such as influenza, chickenpox, or measles. Asthma, however, is not typically linked to an increased risk of Reye's syndrome.

3. C — Cystic fibrosis (CF)

Answer: Cystic fibrosis (CF) CF is a genetic disorder that affects the respiratory, digestive, and reproductive systems and is characterized by the production of abnormal mucus. This mucus can obstruct the airways, leading to infections, inflammation, and chronic hypoxemia. Patients with CF often develop pulmonary hypertension due to the increased resistance in the pulmonary vasculature, secondary to chronic airway obstruction and hypoxemia.

4. B — Status asthmaticus

Answer: Status asthmaticus Status asthmaticus is a severe, life-threatening asthma attack that is unresponsive to standard treatments like bronchodilators and steroids. This condition can lead to respiratory failure due to severe airway narrowing and increased work of breathing. Bacterial pneumonia can cause respiratory distress but is typically associated with fever and localized lung findings. Viral bronchiolitis often affects infants and usually presents with wheezing and mild to moderate respiratory distress. Foreign body aspiration typically presents with sudden onset of coughing, choking, and possible localized wheezing or stridor.

5. A — Coronary artery aneurysm

Answer: Coronary artery aneurysm Kawasaki disease is an inflammatory condition that primarily affects children. A significant cardiovascular complication is coronary artery aneurysm, which can lead to myocardial infarction or ischemia. Early diagnosis and treatment with intravenous immunoglobulin (IVIG) can reduce the risk of coronary artery abnormalities. Kawasaki disease does not typically cause congestive heart failure, pulmonary embolism, or mitral valve prolapse.

6. D — Albuterol

Answer: Albuterol Albuterol, a short-acting beta-agonist, is a critical medication for relieving bronchospasm during an acute asthma exacerbation. It works rapidly to dilate the airways, improving airflow and



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oxygenation. Oxygen may be necessary if hypoxia is present, but it is not the primary treatment for relieving bronchospasm. Ipratropium can be used as an adjunct to albuterol in severe cases. Epinephrine is generally reserved for severe anaphylaxis and is not first-line therapy for asthma exacerbations.

7. C — Vasodilating the pulmonary vasculature

Answer: Vasodilating the pulmonary vasculature Surfactant, while aiding in respiratory functions like reducing surface tension to prevent alveolar collapse and contributing to defense against infections, does not have a vasodilating effect on the pulmonary vasculature. Patients with cystic fibrosis may benefit from surfactant's ability to support lung function, but not in expanding blood vessels. In cystic fibrosis, the thick mucus obstructs the airways, so surfactant can aid in mucociliary clearance but it is not involved in vasodilation.

8. B — Blood glucose measurement

Answer: Blood glucose measurement Respiratory distress in a pediatric patient is characterized by difficulty in breathing, often requiring prompt diagnosis and intervention. The most appropriate diagnostic tests include a chest x-ray to assess the lungs, arterial blood gas (ABG) analysis to evaluate oxygenation and carbon dioxide levels, and pulse oximetry for continuous monitoring of oxygen saturation. Blood glucose measurement is not directly helpful in diagnosing respiratory distress. It may be part of a broader evaluation but does not provide specific information about respiratory function.

9. A — Respiratory syncytial virus (RSV)

Answer: Respiratory syncytial virus (RSV) Bronchiolitis is a common respiratory infection in infants, characterized by inflammation of the bronchioles. The primary pathogen responsible for bronchiolitis is the Respiratory syncytial virus (RSV). This virus can cause severe illness, particularly in young infants and those with underlying health conditions. Preventative measures include good hand hygiene and avoiding contact with infected individuals. Vaccination for RSV is typically administered in high-risk infants. Other pathogens like Rhinovirus, Human metapneumovirus, and Parainfluenza virus can also cause bronchiolitis but are less common than RSV.

10. D — Itching, swelling at the injection site

Answer: Itching, swelling at the injection site Prior to administering an antibiotic, the patient should be instructed to report itching or swelling immediately as these could be indicative of an allergic reaction. Other signs and symptoms of an allergic reaction may include rashes, difficulty breathing, and hives. Sore throat and cough are common signs of a respiratory infection but not specifically related to an allergic reaction. Drowsiness and headache can be side effects of many medications but are not specifically indicative of an allergic reaction to antibiotics.

11. C — Lumbar puncture

Answer: Lumbar puncture A lumbar puncture is recommended as the initial diagnostic test for suspected bacterial meningitis. It allows analysis of the cerebrospinal fluid (CSF), which can confirm the infection and identify the causative organism. A head CT scan is sometimes performed before a lumbar puncture to rule out increased intracranial pressure or to identify contraindications. However, it is not a diagnostic test for meningitis. EEG is used to assess electrical activity in the brain and is generally not indicated for diagnosing meningitis. A chest X-ray is irrelevant in diagnosing meningitis but might be used to identify other concurrent infections or complications.

12. B — Immediate irrigation with water

Answer: Immediate irrigation with water. Immediate irrigation with water helps to dilute and remove the



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chemical agent, minimizing further tissue damage. It is the most effective immediate treatment for chemical burns. Applying ice or rubbing alcohol may worsen the injury, and topical antibiotics do not address the initial need to remove the chemical agent.

13. A — Digoxin

Answer: Digoxin Digoxin is a medication that slows conduction through the AV node, increasing the duration for ventricular filling. It is used in various cardiac conditions, including atrial fibrillation and heart failure. Epinephrine increases heart rate and contractility. Atropine blocks parasympathetic pathways, increasing heart rate. Amiodarone is an antiarrhythmic medication with different actions.

14. D — Rewarming with heated oxygen and IV fluids

Answer: Rewarming with heated oxygen and IV fluids Hypothermia is a common complication of near-drowning in cold water. Rapid rewarming is essential to prevent further physiological complications. Heated, humidified oxygen helps rewarm the respiratory system, and warmed intravenous (IV) fluids help rewarm the core body temperature. Symptoms of hypothermia include shivering, lethargy, and hypotension. Without appropriate rewarming, patients may suffer from arrhythmias and other severe cardiovascular issues.

15. C — Status asthmaticus

Answer: Status asthmaticus Status asthmaticus is a severe and life-threatening form of asthma characterized by prolonged respiratory distress that does not respond to standard treatments. This condition requires immediate medical intervention to prevent respiratory failure and death.

16. D — Hypernatremia

Answer: Hypernatremia Hypernatremia occurs in severe dehydration due to the loss of water relative to sodium. Dehydration decreases the volume of extracellular fluid, which in turn increases the sodium concentration. Clinical manifestations include irritability, lethargy, seizures, and decreased level of consciousness. In severe cases, it can lead to brain cell shrinkage and neurological impairment. The treatment involves gradual rehydration over 48-72 hours to avoid the risk of cerebral edema.

17. C — Tidal volume, respiratory rate

Answer: Tidal volume, respiratory rate Minute ventilation is the total volume of air entering or leaving the lungs per minute and is calculated by multiplying the tidal volume (the amount of air moved into or out of the lungs per breath) and the respiratory rate (number of breaths per minute). A proper balance of these two factors is essential for effective gas exchange.

18. A — Types 2 and 3

Answer: Types 2 and 3 Pediatric burn injuries are classified into four types: Type Description Treatment Type I Superficial burns with minimal tissue damage Topical treatments; no skin grafting needed Type II Partial-thickness burns with blistering and damage to the epidermis and dermis May require skin grafts if extensive Type III Full-thickness burns with damage to all skin layers and possibly underlying tissues Requires skin grafts Type IV Burns that extend through the skin and into muscle, fat, or bone Extensive surgical interventions including grafts Type II and III injuries may be treated with skin grafts to facilitate healing and restore function.

19. B — Decreased renal perfusion

Answer: Decreased renal perfusion Oliguria in the context of a severe bacterial infection is often caused by decreased renal perfusion due to systemic hypotension or sepsis-related hemodynamic changes. Decreased renal blood flow can impair kidney function, leading to reduced urine output. Increased renal perfusion



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typically leads to increased urine output. Hyperkalemia and hyponatremia are electrolyte imbalances that can present with different symptoms but are not directly related to decreased urine output in this context.

20. D — A palpable thrill

Answer: A palpable thrill Diastolic murmurs are heard between S2 and S1 (early, mid, or late) and are caused by blood flowing through narrowed or leaky valves. A grade IV murmur, heard well in all positions using a stethoscope, is accompanied by a palpable thrill. Murmurs are graded from barely audible grade I to grade VI, which can be heard without a stethoscope. A grade V murmur can be heard with the stethoscope partly off the chest.

21. C — Early catheter removal

Answer: Early catheter removal CAUTIs are a significant concern in pediatric emergency settings. CAUTI is defined as a urinary tract infection that develops in a patient who had a catheter placed within the last 2 days. The infection cannot be attributable to another source. Consistent and early removal of urinary catheters significantly reduces the risk of CAUTIs. Proper catheter care and early removal when no longer needed is essential to prevent infections. Longer catheter dwell times increase the risk of CAUTIs. Utilizing the bladder for catheter placement without proper sterile technique increases the risk and should be avoided. Catheter insertion sites and tubing need regular monitoring and maintenance to ensure they remain clean and dry.

22. C — Intravenous benzodiazepines and antiepileptic drugs (AEDs)

Answer: Intravenous benzodiazepines and antiepileptic drugs (AEDs) Status epilepticus is a prolonged seizure or series of seizures without full recovery between them. In children, it is a medical emergency that requires immediate treatment to prevent long-term neurological damage. The first-line treatment for status epilepticus typically includes intravenous benzodiazepines, such as lorazepam or diazepam. These medications act quickly to stop seizures. If seizures persist, intravenous antiepileptic drugs (AEDs) like fosphenytoin or levetiracetam may be used. These treatments aim to stabilize neural activity and prevent further seizures.

23. B — Airway management

Answer: Airway management In trauma cases, the primary assessment follows the "ABCDE" methodology: A: Airway B: Breathing C: Circulation D: Disability E: Expose/Examine Airway and breathing should be assessed and managed first. Basic life-support measures, including providing 100% supplemental oxygen via facemask, should be instituted if necessary. Assessing and ensuring adequate respirations is crucial, with symmetrical and bilateral chest movement and auscultation for breath sounds. After airway, breathing, and circulation have been addressed, other issues such as pain management, neurological status, and stabilizing fractures can be attended to.

24. A — "My child may have ingested opioids, which can cause pinpoint pupils and respiratory depression."

Answer: "My child may have ingested opioids, which can cause pinpoint pupils and respiratory depression." Opioid ingestion in children can lead to life-threatening conditions such as respiratory depression and pinpoint pupils. This scenario necessitates immediate medical attention and the administration of an opioid antagonist, such as naloxone, to counteract the effects. Other conditions such as hypoglycemia, seizure disorders, or infections can cause unresponsiveness but do not typically present with pinpoint pupils and respiratory depression.



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25. B — Acute dehydration

Answer: Acute dehydration Bradycardia, defined as a slower than normal heart rate, is typically observed in situations that affect the autonomic regulation of the heart. This includes instances like increased intracranial pressure, severe hypothermia, and complete heart block. In the context of acute dehydration, compensatory mechanisms usually result in tachycardia rather than bradycardia.

26. A — Immune thrombocytopenic purpura (ITP)

Answer: Immune thrombocytopenic purpura (ITP) The Platelet Antibody Test (PAT) is used to detect antibodies that act against the platelets. This condition, known as immune thrombocytopenic purpura (ITP), occurs when the immune system mistakenly targets and destroys platelets. Platelets are small cell fragments that play a crucial role in blood clotting, and their destruction can lead to excessive bleeding and bruising. The PAT is essential for diagnosing ITP and differentiating it from other causes of thrombocytopenia. Any acute inflammatory response is typically identified using markers such as the erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP), which are nonspecific indicators of inflammation. IgM-positive antibodies in maternal and newborn blood are often investigated using other specific tests aimed at identifying maternal-fetal blood incompatibility. Histocompatibility testing identifies HLA antigens, which are crucial for organ transplantation compatibility, rather than platelet antibodies.

27. B — Variable and individualized

Answer: Variable and individualized Physical recovery in children following an injury is highly variable and depends on multiple factors including the severity of the injury, the child's overall health, and the availability of supportive care. Just like the process of grief, recovery is subjective and unique to each child. Stages of healing can overlap and one child's progress may differ greatly from another's.

28. D — A toddler with a developmental delay

The FLACC (face, legs, activity, cry, and consolability) Pain Scale is most appropriate for preverbal or nonverbal patients who cannot self-report their pain intensity. This includes infants and toddlers with developmental delays or cognitive impairments. It is not suitable for children who can communicate their pain or newborns who require different pain assessment scales like N-PASS or CRIES.

29. A — Hypovolemic shock

Answer: Hypovolemic shock Bradycardia is a symptom of hypovolemic shock in pediatric patients. Other symptoms include hypotension, altered mental status, tachypnea, delayed capillary refill, and cool, clammy skin. Septic shock often presents with tachycardia and fever. Cardiogenic shock can present with hypotension, poor perfusion, and pulmonary edema. Anaphylactic shock is characterized by hypotension, tachycardia, and multiple organ dysfunction due to severe allergic reactions.

30. C — Implement regular simulation scenarios with debriefing sessions

Regular simulation scenarios with debriefing sessions allow the nursing team to practice rapid assessment and decision-making in a controlled environment. This method enhances learning through immersive experiences and reflective practices. Debriefing sessions help identify strengths and areas for improvement, leading to enhanced competence and confidence.



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