Chapter 1 Making Sense of Caring for Kids: A Different Approach to Respiratory Care

Multiple Choice

- 1. When utilizing bag-mask ventilation on an unconscious child, what airway should initially be considered the first choice to use?
- A. Nasal pharyngeal airway
- B. Oral airway
- C. Endotracheal tube
- D. Nasal trumpet

ANS: B

- 2. What is the smallest portion of a child's airway?
- A. Epiglottis
- B. Laryngeal opening
- C. Cricoid ring
- D. Glottis

ANS: C

- 3. What may lead to the collapse of the extrathoracic trachea?
- A. Increased work of breathing
- B. Increased inflammation
- C. Increased inspiratory pressure
- D. Increased negative pressure

ANS: D

- 4. Which is the best position for keeping the airway open in both children and adults?
- A. Sniffing
- B. Jaw-thrust maneuver
- C. Head lift-chin tilt maneuver
- D. Combination of jaw-thrust and head-tilt maneuvers

ANS: A

5. In newborns, what interalveolar connections are responsible for the lack of collateral air circulation?

- A. Septum
- B. Pores of Kohn
- C. Lung parenchyma
- D. Functional residual capacity

ANS: B

- 6. Which of the following options explain why infants and children have a lower pulmonary reserve than adults do?
- A. Smaller hearts, more elastic recoil in the lung, chest wall noncompliant
- B. Larger hearts, less elastic recoil in the lung, chest wall noncompliant
- C. Smaller hearts, more elastic recoil in the lung, chest wall more compliant
- D. Larger hearts, less elastic recoil in the lung, chest wall more compliant

ANS: D

- 7. Why would cricoid pressure (Sellick maneuver) be applied to a patient?
- A. To aid in intubation for visualization
- B. To decrease gastric insufflation and aspiration
- C. To increase ability to swallow
- D. It is never helpful and should not be performed.

ANS: B

- 8. What data are imperative to obtain to make a patient assessment?
- A. Chief complaint, vital signs, and blood gases
- B. Subjective and objective information
- C. Patient history and chief complaint
- D. Vital signs and subjective and objective information

ANS: C

- 9. The preverbal scale for preterm infants, known as FLACC, is used to quantify pain. What does this acronym stand for?
- A. Fear, Listless, Anxious, Conscious, Crying
- B. Fever, Limb movement, Anxiety, Crying, Conscious
- C. Facial expression, Leg movement, Activity, Cry, Consolability
- D. Flaccid, Listless, Awake, Conscious, Crying

ANS: C

- 10. What is the purpose of transcutaneous monitoring?
- A. Industry standard for assessment of pH, PaO₂, PaCO₂, and HCO₃
- B. Accurate, simple, and noninvasive method of measuring SaO₂
- C. Electrochemically measures the skin-surface PO_2 and PCO_2 by heating localized area of the skin to induce hyperperfusion
- D. Is of no clinical use and used in lieu of arterial blood gases

ANS: C

- 11. What does BPCA stand for?
- A. Best Practice Children's Act
- B. Best Pharmacological Children's Act
- C. Best Practice Child Act
- D. Best Pharmaceuticals for Children Act

ANS: D

- 12. What laryngoscope blade is recommended for children younger than 3 years old?
- A. Macintosh blade
- B. Fiberoptic blade
- C. Miller blade
- D. Stylet blade

ANS: C

- 13. What laryngoscope blade should be used on an infant who weighs 10 kg?
- A. Size 0 straight
- B. Size 2 Miller
- C. Size 2 Macintosh
- D. Size 1 Miller

ANS: D

- 14. What is evidence-based medicine?
- A. The ability to care for your patient from set protocols determined 10 years ago
- B. Delivering care from unscientific data and set procedures set forth by the hospital
- C. Conscientious, explicit, and judicious use of current best evidence in making decisions about the care of the individual patient
- D. Integrating many clinical experts who review best practices within a number of hospitals and determining the best mode of action to take care of your patients

ANS: C

True/False

ANS: TRUE

15. To avoid increased work of breathing, infants automatically compensate by decreasing their respiratory rate to decrease their minute ventilation. ANS: FALSE
16. Infants are more susceptible than are adults to right mainstem intubation of the right lung. ANS: TRUE
17. Because of their basal oxygen consumption, children will desaturate more rapidly than adults will. ANS: TRUE
18. Regardless of whether an injury occurred or the potential for injury was present, a medication error is an unpreventable event that occurs in the process of ordering or delivering a medication. ANS: FALSE
19. Few respiratory medications are FDA approved for use in neonates. ANS: TRUE
20. Aerosol-dose medication is calculated based on body size. ANS: FALSE
21. When receiving an aerosol treatment, infants usually inhale through their nose regardless of whether their mouths are open.

22. All published data are considered equal, to help clinicians and scientists develop and classify the quality and validity of research evidence.

ANS: FALSE

23. Children do not need to meet vigorous international and federal guidelines prior to being initiated into a research study approved by the internal review board.

ANS: FALSE

Short Answer

24. List five errors that can occur in arterial blood gas sampling.

ANS: Heparin dilution, air in sample, venous admixture, temperature, metabolism

25. Define off-label use.

ANS: Off-label use is when medication is prescribed and delivered for an intended use, such as age, group, or condition, other than what is documented in the proposed labeling.