

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, PaO<sub>2</sub>, PaCO<sub>2</sub>, and HCO<sub>3</sub>
  - B. Accurate, simple, and noninvasive method of measuring SaO<sub>2</sub>
  - C. Electrochemically measures the skin-surface PO<sub>2</sub> and PCO<sub>2</sub> 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**

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.

ANS: TRUE

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.