

3. She forgot to take her medications today.
4. She requires some food and rest before going back to class.

ANS: 1

### **Chapter 3. Genetics and Child Health**

#### **Questions**

1. What is true about haploid cells?

.

13348407644

- C. Each contains 23 paired chromosomes.
- D. Each one contains 23 chromosomes. **Correct**
- E. Replication produces two identical cells.

F. They replicate via the process of mitosis.

2. What does the following genetic notation symbol mean 47,XX,6q?

.

13348407650

- A. Male with deletion of chromosome 6
- B. Female with deletion of chromosome 6
- C. Male with deletion on the long arm of chromosome 6
- D. Female with deletion on the long arm of chromosome 6

**Correct**

3. A child has a recessive genetic disorder that is homozygous for that mutation.

.

13348407646

What is most likely about this child's parents?

- A. Neither parent has a copy of that gene mutation.
- B. Only the mother has a copy of that gene mutation.
- C. Only the father has a copy of that gene mutation.
- D. **Each parent has one copy of that gene mutation. Correct**

4. Which type of mutation is responsible for many single gene genetic disorders?

.

13348407636

- A. Copy number variations
- B. Nucleotide repeat expansions
- C. **Point mutations Correct**
- D. Single nucleotide polymorphisms (SNP)

.

5. Cystic fibrosis is a recessive disease requiring the presence of a gene mutation

.

13348407638

on both alleles inherited from the parents. Which type of genetic disorder is this?

- A. Chromosome
- B. Mitochondrial
- C. **Monogenetic Correct**
- D. Multifactorial

.

6. The primary care pediatric nurse practitioner is counseling a couple about genetic

risks and learns that one parent has neurofibromatosis, an autosomal dominant disorder, and the other

parent does not. What will the nurse practitioner include when discussing this

disorder and its  
transmission?

C. Children must inherit a gene from both parents to develop the disease.

**D. Each child born to this couple will have a 50% risk of having the disease. Correct**

E. This type of disorder characteristically skips generations.

F. Unaffected offspring may still pass on the disease to their offspring.

7. A family medical history conducted during a well baby exam for a newborn girl

reveals that hemophilia A, an Xlinked

recessive disorder, is present in males in three previous generations in the mother's family, whose father had the disease. What will the primary care pediatric nurse practitioner tell the parents about the risk of this disease in their children?

- E. All of their sons will be affected by the disease.
- F. Any sons they have will not be affected by the disease.
- G. Daughters have a 50% chance of being carriers of the disease. Correct**
- H. Their daughter has a 25% chance of having the disease.

8. What is an important responsibility of the primary care pediatric nurse practitioner . to help determine genetic risk factors in families?

- E. Assessing physical characteristics of genetic disorders
- F. Knowing which genetic screening tests to perform
- G. Making appropriate referrals to pediatric geneticists

**D. Obtaining a three generation pedigree for each family Correct**

9. Which diagnostic study may be ordered when the provider wishes to detect the

presence of additional genetic material on a chromosome?

- A. Chromosomal microarray
- B. FISH Correct**
- D. Karyotype
- E. Molecular testing

10. Which type of testing will the primary care pediatric nurse practitioner recommend .

for a couple concerned about the potential for having children with cystic fibrosis?

- A. Biochemical testing
- B. Carrier testing Correct**
- C. FISH testing
- D. Karyotype testing

**Chapter 4. Environmental Issues**

**Questions**

1. What has been the result of passage of the Toxic Substances Control Act. (TSCA) of 1976?

G. A mandate for corporations to disclose known toxic chemicals

H. A requirement that all manufactured chemicals undergo toxicity testing

**I. Authorization of the EPA to require testing and reporting of some chemicals Correct**

J. Development of a mechanism to report reactions to toxic chemicals

2. Many European nations use the “precautionary principle” to help regulate potentially toxic chemicals. What does this mean?

**G. Chemicals must be proven to be safe before being introduced into the**

**environment. Correct**

H. Corporations may be exempt from testing if their costs in doing so are too high.

I. Regulators must demonstrate risk to the public before banning a chemical.

J. Without a strong risk, corporations need not release data about their products.

3. During a clinic visit, a child's rapid capillary screening test for lead reveals a level of 11 mcg/dL. What will the primary care pediatric nurse practitioner do next?

I. Institute lead abatement measures in the child's home.

J. Monitor lead levels monthly until decreased.

**K. Order a venous sample to test for lead levels. Correct**

L. Test the child's siblings and parents for lead.

4. A child has a lead level of 25 mcg/dL. Once lead abatement measures are instituted, what is an important intervention to help prevent permanent damage

H. Chelation therapy

I. Dietary changes

**C. Followup testing Correct**

D. Testing family members

5. A child whose parent works in a factory presents with swelling of the extremities, pain and weakness in the pelvis, and an erythematous maculopapular rash. Which industrial toxin will the primary care pediatric nurse practitioner suspect in this child?

A. Lead

B. Mercury

**C. Organophosphates Correct**

D. Phthalates

6. When counseling a mother who smokes about preventing exposure to smoking-related

risks to her nursing newborn, what will the primary care pediatric nurse practitioner tell her?

F. If she quits now, her child will not have long-term effects from exposure.

G. Prenatal smoke exposure does not cause respiratory effects after the infant is born.

H Smoking outdoors or near an open window prevents exposure to tobacco smoke.

**I Thirdhandsmoke exposure risks may last for years even if themother quits now. Correct**

7. A child who has been playing in a public park is brought to the clinic with wheezing, vomiting, diarrhea, and drooling. A physical exam reveals a low heart

rate and diaphoresis. What will the primary care pediatric nurse practitioner suspect as a cause for these symptoms?

B. Arsenic consumption

C. Lead poisoning

**C. Organophosphate exposure Correct**

D. Phthalate ingestion

8. A parent asks about ways to limit exposure to risks associated with plastics.

Besides avoiding using plastic containers when possible, what else will the primary care pediatric nurse practitioner recommend?

- A. Avoid heating foods and liquids in plastic containers. Correct**
- B. Clean plastic containers well using the dishwasher.
- C. Use only plastics stamped with “#7” on the bottom.
- D. Used canned food products whenever possible.

9. A parent desires to buy only organic produce to avoid exposing a child to pesticides but complains that these foods are expensive. The primary care pediatric nurse practitioner provides a list of foods that are relatively safe whether they are organic or not.

Which foods are on this list?

- A. Apples, celery, and peaches
- B. Potatoes, cherry tomatoes, and peaches
- C. Strawberries, grapes, and cucumbers
- D. Sweet corn, cantaloupe, and kiwi Correct**

## **Chapter 5. Child and Family Health Assessment**

### **Questions**

1. The primary care pediatric nurse practitioner is obtaining a medical history about a child. To integrate both nursing and medical aspects of primary care, which will be included in the medical history?

- K. Complementary medications, alternative health practices, and chief complaint
- L. Developmental delays, nutritional status, and linear growth patterns
- M. Medication currently taking, allergy information, and family medical history
- N. Speech and language development, beliefs about health, and previous illnesses Correct**

2. When formulating developmental diagnoses for pediatric patients, the primary care pediatric nurse practitioner may use which resource?

- A. DC: o3R Correct**
- K. ICD10CM
- L. ICSD3
- M. NANDA International

3. The primary care pediatric nurse practitioner sees a 3-year-old