

NCLEX Review Questions- Neurological Disorders

1. The nurse is caring for a child who has been in a motor vehicle accident (MVA). The child falls asleep unless her name is called or she is gently shaken. This state of consciousness is referred to as:
 - a) Coma
 - b) Delirium
 - c) Obtunded
 - d) Confusion

2. The mother of an unconscious child has been calling her name repeatedly and gently shaking her shoulders in an attempt to wake her up. The nurse notes that the child is flexing her arms and wrists while bringing her arms closer to the midline of her body. The child's mother asks, "What is going on?" Select the nurse's best response.
 - a) "I think your daughter hears you, and she is attempting to reach out to you."
 - b) "Your child is responding to you; please continue trying to stimulate her."
 - c) "It appears that your child is having a seizure."
 - d) "Your child is demonstrating a reflex that indicates she is overwhelmed with the stimulation she is receiving."

3. Which signs best indicate increased intracranial pressure (ICP) in an infant? Select all that apply:
 - a) Sunken anterior fontanel
 - b) Complaints of blurred vision
 - c) High-pitched cry
 - d) Increased appetite
 - e) Sleeping more than usual

4. A child with a ventriculoperitoneal (VP) shunt complains of headache and blurry vision and now experiences irritability and sleeping more than usual. The parents ask the nurse what they should do. Select the nurse's best response.
 - a) "Give her some acetaminophen, and see if her symptoms improve. If they do not improve, bring her to the pediatrician's office."
 - b) "It is common for girls to have these symptoms, especially prior to beginning their menstrual cycle. Give her a few days, and see if she improves."
 - c) "You are probably worried that she is having a problem with her shunt. This is very unlikely as it has been working well for 9 years."
 - d) "You should immediately take her to the emergency room as these may be symptoms of a shunt malfunction."

5. Which position initially is most beneficial for an infant who has just returned from having a ventriculoperitoneal (VP) shunt placed?
 - a) Semi-Fowler in an infant seat
 - b) Flat in the crib
 - c) Trendelenburg
 - d) In the crib with the head elevated to 90 degrees

6. The nurse is aware that cloudy cerebrospinal fluid (CSF) most likely indicates:
 - a) Viral meningitis
 - b) Bacterial meningitis
 - c) No infection, as CSF is usually cloudy
 - d) Sepsis

7. The nurse is caring for a 6-month old infant diagnosed with meningitis. When the child is placed in the supine position and flexes his neck, the nurse notes he flexes his knees and hips. This is referred to as:
 - a) Brudzinski sign
 - b) Cushing triad
 - c) Kernig sign
 - d) Nuchal rigidity

8. Select the best room assignment for a newly admitted child with bacterial meningitis.
 - a) Semiprivate room with a roommate who also has bacterial meningitis.
 - b) Semiprivate room with a roommate who has bacterial meningitis but has received intravenous antibiotics for more than 24 hours.
 - c) Private room that is dark and quiet with minimal stimulation.
 - d) Private room that is bright and colorful and has developmentally appropriate activities available.

9. Which order would the nurse question for a child just admitted with the diagnosis of bacterial meningitis?
 - a) Maintain isolation precautions until 24 hours after receiving intravenous antibiotics.
 - b) Intravenous fluids at 1 ½ times regular maintenance.
 - c) Neurological checks every hour.
 - d) Administer acetaminophen for temperatures higher than 38°C (100.4°F).

10. The nurse is caring for a 1-year old who has just been diagnosed with viral encephalitis. The parents ask if their child will be admitted to the hospital. Select the nurse's best response.
- a) "Your child will likely be sent home because encephalitis is usually caused by a virus and not bacteria."
 - b) "Your child will likely be admitted to the pediatric floor for intravenous antibiotics and observation."
 - c) "Your child will likely be admitted to the PICU for close monitoring and observation."
 - d) "Your child will likely be sent home because she is only 1 year old. We see fewer complications and a shorter disease process in the younger child."
11. A child diagnosed with meningitis is having a generalized tonic-clonic seizure. Which should the nurse do first?
- a) Administer blow-by oxygen and call for additional help.
 - b) Reassure the parents that seizures are common in children with meningitis.
 - c) Call a code and ask the parents to leave the room.
 - d) Assess the child's temperature and blood pressure.
12. Which medication should the nurse anticipate administering first to a child in status epilepticus?
- a) Establish an intravenous line, and administer intravenous lorazepam.
 - b) Administer rectal diazepam.
 - c) Administer an oral glucose gel to the side of the child's mouth.
 - d) Administer oral diazepam.
13. A child recently diagnosed with epilepsy is being evaluated for anticonvulsant medication therapy. The child will likely be placed on which type of regimen?
- a) Two to three oral anticonvulsant medications so that dosing can be low and side effects minimized.
 - b) One oral anticonvulsant medication to observe effectiveness and minimize side effects.
 - c) One rectal gel to be administered in the event of a seizure.
 - d) A combination of oral and intravenous anticonvulsant medications to ensure compliance.

14. A child fell off his bike and sustained a closed-head injury. The child is currently awake and alert, but his mother states that he “passed out” for approximately 2 minutes. The mother appears highly anxious and is very tearful. The child was not wearing a helmet. Which is a priority for the triage nurse to say at this time?
- a) “Was anyone else injured in the accident?”
 - b) “Tell me more about the accident.”
 - c) “Did he vomit, have a seizure, or display any other behavior that was unusual when he woke up?”
 - d) “Why was he not wearing a helmet?”
15. The nurse is caring for an unconscious 6-year old who has had a severe closed-head injury and notes the following changes: heart rate has dropped from 120 to 55, blood pressure has increased from 110/44 to 195/62, and respirations are becoming more irregular. Which should the nurse do first after calling the physician?
- a) Call for additional help, and prepare to administer mannitol.
 - b) Continue to monitor the patient’s vital signs, and prepare to administer a bolus of isotonic fluids.
 - c) Call for additional help, and prepare to administer an antihypertensive.
 - d) Continue to monitor the patient, and administer supplemental oxygen.