NGN NCLEX · 2026 TEST PLAN

PEDIATRIC NURSING · VOL. 01

Rashes, Rules & Red Flags

A high-yield clinical field guide to five pediatric infectious diseases most tested on the Next Generation NCLEX — with isolation precautions, nursing priorities, and the details examiners love.

INFECTIOUS DISEASE

QUICK REVIEW

PRINT · STUDY · PASS

SECTION 01 · AT-A-GLANCE

The Five-Second Decision Grid

DISEASE	PATHOGEN	TRANSMISSION	ISOLATION	HALLMARK SIGN
Measles	Paramyxovirus (Rubeola)	Airborne	AIRBORNE · N95	Koplik spots + 3 C's
Mumps	Paramyxovirus	Droplet / Saliva	DROPLET	Parotid gland swelling
Rubella	Rubella virus (Togaviridae)	Droplet	DROPLET	Postauricular lymph nodes
Varicella	Varicella-Zoster (VZV)	Airborne + Contact	AIRBORNE · CONTACT	Rash in all stages at once
Hand-Foot-Mouth	Coxsackievirus A16	Fecal-oral + Droplet	CONTACT	Oral ulcers + palm/sole vesicles

The Cards

SECTION 02 · DEEP DIVE

MEASLES

Rubeola · "First Disease"

INCUBATION 8–12 DAYS **CONTAGIOUS** 4D BEFORE → 4D AFTER RASH

ISOLATION AIRBORNE · NEGATIVE PRESSURE · N95

◆ CLINICAL PICTURE

- Prodrome: the **3 C's — Cough, Coryza, Conjunctivitis** + high fever
- **Koplik spots** (pathognomonic): tiny blue-white spots on buccal mucosa
- Red maculopapular rash begins at **hairline/face**, spreads downward
- Rash turns brownish, desquamates as it fades
- Photophobia; child often irritable & miserable

◆ NURSING PRIORITIES

- Place in **negative-pressure room**; staff wears N95
- Dim lights for photophobia; cool-mist humidifier
- Antipyretics (**acetaminophen**, not aspirin)
- Vitamin A supplementation (reduces mortality)
- Report to public health — **reportable disease**

⚠ NGN RED FLAG

Complications = **OTITIS MEDIA, PNEUMONIA, ENCEPHALITIS**. Any change in LOC, seizure, or stiff neck → escalate immediately. Unvaccinated child + fever + Koplik spots = isolate *before* rash appears.

MUMPS

Epidemic parotitis

INCUBATION 14–21 DAYS **CONTAGIOUS** UNTIL 5D AFTER PAROTID SWELLING **ISOLATION** DROPLET PRECAUTIONS

◆ CLINICAL PICTURE

- **Bilateral parotid gland swelling** — hallmark chipmunk cheeks
- Earache worsened by chewing; jaw pain
- Low-grade fever, headache, anorexia, malaise
- Acidic foods & chewing → pain flare
- Often milder than measles; sometimes asymptomatic

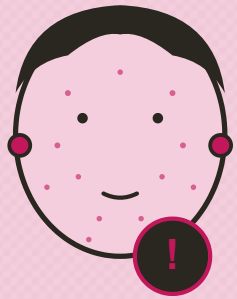
◆ NURSING PRIORITIES

- Droplet precautions · private room if possible
- **Warm or cool compresses** to parotid (child's preference)
- Soft, bland diet — **avoid citrus & acidic foods**
- Acetaminophen for pain/fever
- Encourage fluids; monitor hydration

⚠ NGN RED FLAG

ORCHITIS in post-pubertal males (sterility risk) · **MENINGITIS** · **SENSORINEURAL DEAFNESS**

. Assess scrotal pain/swelling, nuchal rigidity, new hearing loss. Report changes in LOC immediately.



RUBELLA

German measles · "Third Disease"

INCUBATION 14–21 DAYS **CONTAGIOUS** 7D BEFORE → 7D AFTER RASH

ISOLATION DROPLET · AWAY FROM PREGNANT PERSONS

◆ CLINICAL PICTURE

- Pink maculopapular rash: **face → body → fades in 3 days**
- **Postauricular + suboccipital lymphadenopathy** (behind ears, back of head)
- Forchheimer spots: pinpoint red on soft palate
- Generally **mild** in children — this is the trap!
- Joint pain common in adolescents/adults

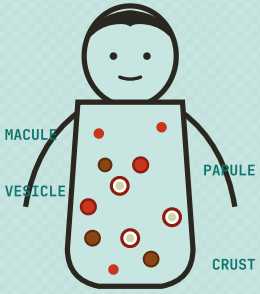
◆ NURSING PRIORITIES

- Droplet precautions; **strict avoidance of pregnant clients/staff**
- Supportive care — rest, fluids, acetaminophen
- Educate on MMR (**live vaccine**, NOT in pregnancy; avoid pregnancy × 4 wks after)
- Report case to public health
- Reassure parents — usually self-limiting in kids

⚠ NGN RED FLAG

TERATOGENIC.

Congenital Rubella Syndrome = deafness, cataracts, cardiac defects (PDA), microcephaly, IUGR. Never place an exposed child near a pregnant person. Confirm MMR status of all staff on peds units.



VARICELLA

Chickenpox · VZV

INCUBATION 10–21 DAYS **CONTAGIOUS** 1D BEFORE RASH → ALL LESIONS CRUSTED **ISOLATION** AIRBORNE + CONTACT

◆ CLINICAL PICTURE

- Rash progression: **macule → papule → vesicle → crust**
- Signature finding: **all stages present simultaneously**
- "Dewdrop on rose petal" vesicles — intensely pruritic
- Starts on **trunk**, spreads to face & extremities
- Fever, malaise precede rash by 24h

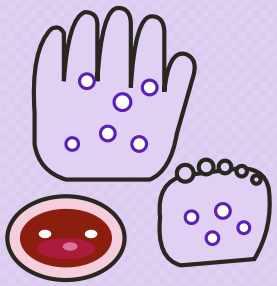
◆ NURSING PRIORITIES

- Airborne + contact isolation until **all lesions crusted**
- Calamine lotion, oatmeal baths, **trim fingernails**, mittens
- Cool compresses; loose cotton clothing
- Diphenhydramine for itching; acetaminophen for fever
- Acyclovir for immunocompromised / severe cases

⚠ NGN RED FLAG

NO ASPIRIN — REYE SYNDROME RISK.

Watch for secondary bacterial skin infection (MRSA), pneumonia, encephalitis. Pregnant exposures → VZIG. Reactivation later in life = shingles (herpes zoster).



HAND-FOOT-MOUTH

Coxsackievirus A16 · Enterovirus

INCUBATION 3–6 DAYS **CONTAGIOUS** HIGHEST 1ST WK; STOOL FOR WEEKS **ISOLATION** CONTACT + STANDARD

◆ CLINICAL PICTURE

- Painful oral ulcers — tongue, gums, inner cheeks
- Vesicles on **palms, soles**, sometimes buttocks/genitals
- Fever, sore throat, malaise, decreased appetite
- **Self-limiting: 7–10 days**
- Most common in children < 5 years

◆ NURSING PRIORITIES

- Contact precautions; strict **hand hygiene** (soap & water > sanitizer for this virus)
- Push **cold fluids, popsicles, ice chips** — hydration is #1
- Soft, bland diet — **avoid citrus, salty, spicy**
- Acetaminophen/ibuprofen for pain & fever
- Magic mouthwash / topical lidocaine per order

⚠ NGN RED FLAG

DEHYDRATION IS THE #1 COMPLICATION

(painful swallowing → refusal to drink). Assess tears, urine output, cap refill, mucous membranes, fontanels. No school/daycare until fever gone & lesions healed.

Vaccination Prevents 4 of 5

MMR covers Measles, Mumps, Rubella. Varicella has its own live vaccine. **No vaccine exists for Hand-Foot-Mouth** — prevention is hygiene. All live vaccines are contraindicated in pregnancy & severe immunosuppression.

MMR & VARICELLA

DOSE 1 · 12–15 MONTHS

DOSE 2 · 4–6 YEARS

NGN Test-Day Playbook

SECTION 03 · HIGH-YIELD TRAPS

01

◆ ISOLATION IS RECOGNIZE-CUES GOLD

NGN loves "which action first?" — the answer is usually **isolate**. Measles & varicella = airborne + N95 + negative-pressure room *before* assessment.

02

◆ NEVER GIVE ASPIRIN TO KIDS

Especially with varicella or influenza. **Reye syndrome** = encephalopathy + fatty liver. Acetaminophen or ibuprofen only.

03 ◆ RUBELLA = PREGNANCY ALARM

Any rubella exposure or rash in a peds unit = ask about pregnant visitors/staff first. Congenital rubella is a select-all-that-apply favorite.

04 ◆ HFM = HYDRATION STATUS

The ulcers make kids refuse fluids. Top priority action is offering **cold** liquids/popsicles and monitoring urine output & cap refill.

05 ◆ "ALL STAGES AT ONCE" = VARICELLA

If an NGN stem shows macules, papules, vesicles, and crusts simultaneously → that's chickenpox. Measles rash progresses uniformly head-to-toe.

06 ◆ KOPLIK SPOTS = EARLY MEASLES

Appear 1–2 days *before* the rash. Recognizing them = isolate immediately. Pathognomonic = locks in the diagnosis.

MNEMONIC · MEASLES

The 3 C's + K

- **C** Cough
- **C** Coryza (runny nose)
- **C** Conjunctivitis
- **K** Koplik spots (pathognomonic)

MNEMONIC · VARICELLA

MPVC Rash Path

- **M** Macule (flat)
- **P** Papule (raised)
- **V** Vesicle (fluid-filled)
- **C** Crust (healing) — all at once!

MNEMONIC · ISOLATION

My Chicken Has TB

Airborne: **M** easles · **C** hickenpox · **H** erpes zoster disseminated · **TB**

N95 + negative pressure room.