

6TH YEAR PEDIATRICS PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. A 1 year 7 month old child shows limited vocalization and social interaction with normal hearing. What is the most appropriate initial assessment?**
 - A. Assessment for autism spectrum disorder
 - B. Hearing test
 - C. Perform a MRI
 - D. Reassurance of the parents

- 2. An otherwise healthy 6-month-old infant wakes at night with severe intermittent abdominal pain, draws legs to the abdomen, pallor, bilious vomiting, a distended abdomen, and a sausage-shaped abdominal mass. What is the most likely diagnosis and the recommended treatment?**
 - A. Iliocecal intussusception, pneumocolonoscopy
 - B. Meckel's diverticulum, scintigraphy, surgical treatment
 - C. Infectious enterocolitis, fecal culture to find etiology
 - D. Allergy to cow's milk protein, specific diet

- 3. In which age period is the fastest growth calculated in cm/year?**
 - A. Between 1 and 2 years of age
 - B. In preschool age
 - C. Between 2 years and 3 years of age
 - D. Puberty

- 4. A 10-month-old boy with hypotonia, dysmorphic features, and certain facial characteristics is evaluated. Which investigation is most appropriate?**
 - A. Congenital infections screen
 - B. EEG
 - C. Cranial ultrasound scan
 - D. Screening for inborn errors of metabolism

- 5. Which of the following is true for physiological jaundice of the newborn?**
 - A. It is Due To Underdevelopment of The Bile Ducts In The Liver
 - B. It is Due To Inadequate Sunlight Exposure
 - C. It is Due To Increased Haemolysis Of Erythrocytes And Lower Activity Of Liver Glucuroniltransferase
 - D. It is Due To Enzyme Deficiency in Erythrocytes

- 6. What is the appropriate treatment for this condition?**
- A. Chemotherapy
 - B. Immunosuppressants
 - C. Surgery
 - D. Antibiotics
- 7. Which of the following conditions does NOT typically cause liver cirrhosis in children?**
- A. Parainfluenza infection
 - B. Atresia of bile ducts
 - C. Wilson's disease
 - D. Cystic fibrosis
- 8. Which newborns are at highest risk for necrotizing enterocolitis?**
- A. With congenital infection
 - B. Severely premature neonates
 - C. Neonates born to mother with poorly controlled diabetes mellitus
 - D. Children with congenital abnormalities of the GIT
- 9. A 2-day-old neonate born to a mother with diabetes presents with generalized tonic seizures. Which medication is first-line to treat the seizures?**
- A. Calcium gluconate 10%
 - B. Sodium bicarbonate 10%
 - C. Vitamin C
 - D. Glucose 25%
- 10. Hydrops Foetalis manifests with which of the following?**
- A. Anazarka
 - B. Thrombocytosis
 - C. Hydrocephalus
 - D. Congenital Pneumonia

Answers

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1. A
2. A
3. A
4. D
5. D
6. A
7. A
8. B
9. A
10. A

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Explanations

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1. A 1 year 7 month old child shows limited vocalization and social interaction with normal hearing. What is the most appropriate initial assessment?

A. Assessment for autism spectrum disorder

B. Hearing test

C. Perform a MRI

D. Reassurance of the parents

When a toddler shows limited vocalization and social interaction and hearing is normal, the most important step is to evaluate for autism spectrum disorder. The pattern of reduced social engagement and limited language in a child around this age is a red flag for ASD, and confirming or ruling it out early allows timely intervention that can improve outcomes. Since hearing is already established as normal, focusing on autism screening and a detailed developmental/behavioral assessment is the appropriate next move rather than pursuing imaging or simply reassuring the parents. Early identification with appropriate screening tools and referral for comprehensive ASD evaluation guides targeted supports and therapies.

2. An otherwise healthy 6-month-old infant wakes at night with severe intermittent abdominal pain, draws legs to the abdomen, pallor, bilious vomiting, a distended abdomen, and a sausage-shaped abdominal mass. What is the most likely diagnosis and the recommended treatment?

A. Ileocecal intussusception, pneumocolonoscopy

B. Meckel's diverticulum, scintigraphy, surgical treatment

C. Infectious enterocolitis, fecal culture to find etiology

D. Allergy to cow's milk protein, specific diet

This presentation is classic for ileocecal intussusception. In a 6-month-old, intermittent severe abdominal pain with legs drawn up, pallor from intermittent obstruction, bilious vomiting, a distended abdomen, and a sausage-shaped abdominal mass are the typical clues. The best initial treatment is nonoperative reduction using a pneumatic (air) enema under imaging guidance; this pressure unfolds the telescoped segment and is highly effective in infants. Some texts describe this approach as pneumocolonoscopy. If nonoperative reduction fails or if there are signs of perforation or peritonitis, surgical reduction is indicated, with resection only if necrosis or a persistent lead point is found.

3. In which age period is the fastest growth calculated in cm/year?

A. Between 1 and 2 years of age

B. In preschool age

C. Between 2 years and 3 years of age

D. Puberty

Growth velocity in height, measured in cm per year, is not constant and is highest in early life. After birth, there is a very rapid length increase during the transition from infancy into the toddler years, so the interval from one to two years often shows the greatest annual gain in height among the options provided. By contrast, growth during the second to third year, the preschool years, and the pubertal spurt occurs, but the annual height gain is typically less than the rapid increase seen in the one-to-two-year period in many growth charts used for exams. So the period between one and two years is the best answer for the fastest cm/year growth among the given choices.

4. A 10-month-old boy with hypotonia, dysmorphic features, and certain facial characteristics is evaluated. Which investigation is most appropriate?

- A. Congenital infections screen
- B. EEG
- C. Cranial ultrasound scan

D. Screening for inborn errors of metabolism

When an infant presents with hypotonia along with dysmorphic facial features, thinking about an inborn error of metabolism is highly appropriate. Metabolic disorders can manifest in the first months of life with non-specific signs like reduced tone and distinctive facial appearances, and many of these conditions are detectable with a broad metabolic screen. This approach uses a single set of tests to look for a wide range of metabolic abnormalities, such as amino acids, organic acids, and acylcarnitines, often starting with a dried blood spot tandem mass spectrometry, supported by plasma and urine studies as needed. Detecting an abnormal metabolic pattern early is crucial because several treatable conditions respond to specific therapies or dietary management, and early intervention can improve neurodevelopmental outcomes and prevent metabolic crises. The other investigations are more targeted to specific scenarios. A congenital infections screen is considered when there are signs pointing to in utero infections. An EEG is pursued if there are seizures or overt encephalopathy. A cranial ultrasound is useful if structural brain anomalies are suspected based on head size, focal neurological findings, or dysmorphism suggesting a cranial malformation. In this presentation, the broad, early metabolic screen best addresses the likely underlying causes and guides subsequent testing and management.

5. Which of the following is true for physiological jaundice of the newborn?

- A. It is Due To Underdevelopment of The Bile Ducts In The Liver
- B. It is Due To Inadequate Sunlight Exposure
- C. It is Due To Increased Haemolysis Of Erythrocytes And Lower Activity Of Liver Glucuroniltransferase

D. It is Due To Enzyme Deficiency in Erythrocytes

Physiological jaundice occurs because the newborn liver is immature at birth and has limited capacity to conjugate bilirubin. The enzyme UDP-glucuronyltransferase, which converts unconjugated bilirubin into a water-soluble form, has very low activity in neonates and gradually increases over the first days to weeks. Added to this is the normal high bilirubin production from the rapid turnover of fetal red cells, combined with relatively slower hepatic uptake and excretion. The result is a mild rise in unconjugated bilirubin that typically appears after 2–3 days, peaks around day 3–5, and resolves within a week or two in term infants (a bit later in preterm babies). This is not due to underdeveloped bile ducts (that would indicate a cholestatic problem with conjugated hyperbilirubinemia) nor to inadequate sunlight exposure. A deficiency in erythrocyte enzymes would cause hemolysis and a different, often more pronounced jaundice earlier in the newborn period.

6. What is the appropriate treatment for this condition?

- A. Chemotherapy**
- B. Immunosuppressants
- C. Surgery
- D. Antibiotics

Chemotherapy is used when a pediatric malignancy is systemic or has micrometastatic disease, meaning cancer cells are spread beyond a single location and may be left behind after surgery. It targets rapidly dividing cells throughout the body, making it the mainstay for many childhood cancers and often part of multimodal regimens that include surgery or radiation as needed. Immunosuppressants suppress the immune system and are used for autoimmune disease or transplant settings, not to kill cancer cells. Antibiotics treat infection, not the malignancy. Surgery can remove or debulk localized tumors but cannot reliably eradicate disease that is spread or microscopic, so systemic therapy like chemotherapy is typically required.

7. Which of the following conditions does NOT typically cause liver cirrhosis in children?

- A. Parainfluenza infection**
- B. Atresia of bile ducts
- C. Wilson's disease
- D. Cystic fibrosis

Liver cirrhosis in children results from long standing liver injury that leads to extensive scarring and nodular regeneration. Conditions that chronically affect the biliary system or cause metabolic liver injury commonly progress to cirrhosis in kids. Biliary atresia obstructs bile flow from birth, causing progressive cholestasis and cirrhosis if not treated. Wilson's disease causes copper accumulation in the liver, which over time damages hepatic tissue and can lead to cirrhosis if not managed. Cystic fibrosis can involve the liver through thick biliary secretions and obstruction, producing biliary cirrhosis in some patients. Parainfluenza primarily causes respiratory infections; it does not normally produce the chronic hepatic injury and fibrosis required to develop cirrhosis in children. While other viruses can cause transient hepatitis, they do not typically result in the progressive liver scarring seen with cirrhosis. Hence, parainfluenza infection is not a typical cause of pediatric liver cirrhosis.

8. Which newborns are at highest risk for necrotizing enterocolitis?

- A. With congenital infection
- B. Severely premature neonates**
- C. Neonates born to mother with poorly controlled diabetes mellitus
- D. Children with congenital abnormalities of the GIT

Severe prematurity is the strongest; the extremely preterm infant has the highest risk for necrotizing enterocolitis because the immature gut has a fragile mucosal barrier, underdeveloped immune defenses, and immature gut motility and perfusion. These factors make the intestinal lining more susceptible to injury from bacterial colonization once feeds are begun, especially with formula feeding. As gestational age and birth weight decrease, the risk climbs, with most NEC cases occurring in those born before 32 weeks or with very low birth weight. While congenital infection, poorly controlled maternal diabetes, or congenital GI anomalies can complicate neonatal health, they do not confer the same high NEC risk as extreme prematurity.

9. A 2-day-old neonate born to a mother with diabetes presents with generalized tonic seizures. Which medication is first-line to treat the seizures?

- A. Calcium gluconate 10%**
- B. Sodium bicarbonate 10%
- C. Vitamin C
- D. Glucose 25%

In infants of diabetic mothers, hypocalcemia is a common cause of seizures in the first couple of days after birth. Low calcium makes nerve cells more excitable, so seizures can occur when calcium levels fall. The fastest and most direct way to stop these seizures is to correct the calcium deficit with intravenous calcium gluconate. It raises serum calcium rapidly and stabilizes neuronal membranes, which is why it is the first-line treatment in this scenario. If hypoglycemia is also present, that should be treated with IV glucose, but for seizures specifically caused by hypocalcemia, calcium gluconate is the best initial therapy. After stabilization, monitor calcium and related electrolytes and address the underlying cause.

10. Hydrops Foetalis manifests with which of the following?

- A. Anasarca**
- B. Thrombocytosis
- C. Hydrocephalus
- D. Congenital Pneumonia

Hydrops fetalis is defined by abnormal fluid accumulation in fetal compartments, leading to generalized edema called anasarca. Because edema in hydrops involves multiple spaces, the widespread swelling you see—anasarca—is the classic manifestation. In addition to skin and subcutaneous tissue swelling, you may get fluid in the abdomen (ascites), around the lungs (pleural effusions), and around the heart (pericardial effusion). Thrombocytosis, hydrocephalus, and congenital pneumonia are not defining features of hydrops; they relate to other conditions or processes and do not capture the characteristic diffuse edema of hydrops fetalis.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://6thyearpediatrics.examzify.com>

We wish you the very best on your exam journey. You've got this!

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