BURNS PEDIATRIC PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://burnspediatric.examzify.com

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright 1

Table of Contents 2

Introduction 3

How to Use This Guide 4

Questions 5

Answers 8

Explanations 10

Next Steps 16

SAMPLE

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.

SAMPLE

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!

SAMPLE

Questions

SAMPLE

1. A 14-year-old female presents with three months of amenorrhea. Her weight is 82% of the expected for age and height, and she frequently vomits and refuses most foods. Which condition is most suspected?

A. Bulimia nervosa

B. Anorexia nervosa

C. Depression

D. Substance abuse

2. A 12-year-old on twice-daily inhaled corticosteroids reports inconsistent use. In client-centered care, what is the first step the clinician should take?

A. Reviewing the asthma action plan with the parent and the child

B. Asking the child to describe usual daily routines

C. Teaching the child how the medication will help to control asthma symptoms

D. Referring the family to a social worker

3. A 30-month-old girl with daytime enuresis and dysuria and a low-grade fever; dipstick urinalysis is negative for leukocyte esterase and nitrites. What is the next step?

A. Begin empiric treatment with trimethoprim-sulfamethoxazole.

B. Discuss behavioral interventions for toilet training.

C. Reassure the child's parents that the child does not have a urinary tract infection.

D. Send the urine to the lab for culture.

4. In evaluating an adolescent with gynecologic complaints, which finding would indicate ordering a pelvic ultrasound?

A. Amenorrhea with normal exam.

B. Palpable pelvic mass.

C. Regular menses with no symptoms.

D. Normal ultrasound finding.

5. For lichen simplex chronicus with pruritus, which statement about occlusive dressings is correct?

A. Apply ointment before the dressing.

B. The dressing should be applied to damp skin.

C. Plastic wrap should not be used.

D. Change the dressing twice daily.

SAMPLE

6. What is the typical incubation period for varicella after exposure?

A. 7 days

B. 14 days

C. 21 days

D. 28 days

7. A 3-year-old who has recently refused bowel movements and is becoming constipated; what should the clinician do first?

A. Ask about bathroom facilities in the child's day care

B. Refer the child to a gastroenterologist for pathology

C. Suggest putting the child back in diapers and resuming toilet training later

D. Tell the parent this represents a developmental delay

8. An infant aged 6 months with a newly noted hip dislocation on exam: which treatment is most appropriate?

A. Spica cast

B. Pavlik harness

C. Open reduction

D. Triple diapering

9. An 18-month-old child has a brief febrile seizure and currently has a fever with a left otitis media. Which action is appropriate for the nurse practitioner?

A. Order a lumbar puncture, complete blood count, and urinalysis.

B. Refer to a pediatric neurologist for anticonvulsant and antipyretic prophylaxis.

C. Send the child to the emergency department for EEG and possible MRI.

D. Prescribe an antibiotic for the ear infection and reassure the parents.

10. A 10-year-old described as a 'class clown' denies problems at school; which strategy should the nurse practitioner recommend?

A. Empower the child to make decisions and assume more responsibilities.

B. Help the child identify skills and activities that he is good at.

C. Spend time each evening helping the child with homework to improve grades.

D. Work with the teacher to set appropriate limits on school behavior.

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. A 14-year-old female presents with three months of amenorrhea. Her weight is 82% of the expected for age and height, and she frequently vomits and refuses most foods. Which condition is most suspected?

A. Bulimia nervosa

B. Anorexia nervosa

C. Depression

D. Substance abuse

The key idea is recognizing anorexia nervosa in an adolescent with amenorrhea and marked low weight due to restrictive eating. When body fat falls substantially, the brain reduces the signaling to the ovaries (hypothalamic-pituitary-ovarian axis), lowering estrogen and stopping menses. Three months of missed periods in a 14-year-old, with a weight at about 82% of what's expected and clear avoidance of food (often accompanied by vomiting), fits a pattern of restrictive eating leading to significant undernutrition and secondary amenorrhea. In anorexia nervosa, the emphasis is on extreme dietary restriction and weight loss, rather than the binge-purge pattern typical of bulimia (which often occurs at normal or higher-than-average weight). Depression can affect appetite, but the combination of substantial underweight and amenorrhea strongly points to anorexia. Substance abuse would usually bring other signs and a different clinical picture.

2. A 12-year-old on twice-daily inhaled corticosteroids reports inconsistent use. In client-centered care, what is the first step the clinician should take?

A. Reviewing the asthma action plan with the parent and the child

B. Asking the child to describe usual daily routines

C. Teaching the child how the medication will help to control asthma symptoms

D. Referring the family to a social worker

In client-centered care, the first step is to understand how the child's actual daily life affects medication use. Asking the child to describe their usual daily routines helps reveal real-world barriers to adherence—like when mornings are rushed, school schedules, after-school activities, or forgetfulness during certain parts of the day. This information lets the clinician tailor a feasible plan that fits the child's life and engages them in the decision-making process. Reviewing the asthma action plan or teaching how the medication works are important, but they assume a situation that already accounts for adherence challenges. Referring to a social worker is appropriate if there are broader psychosocial barriers identified, but the initial step is to map out the child's routine to inform a practical, collaborative approach.

SAMPLE

3. A 30-month-old girl with daytime enuresis and dysuria and a low-grade fever; dipstick urinalysis is negative for leukocyte esterase and nitrites. What is the next step?

A. Begin empiric treatment with trimethoprim-sulfamethoxazole.

B. Discuss behavioral interventions for toilet training.

C. Reassure the child's parents that the child does not have a urinary tract infection.

D. Send the urine to the lab for culture.

In young children with urinary symptoms, a negative dipstick does not rule out a urinary tract infection. Dipstick tests for leukocyte esterase and nitrites can miss UTIs in kids, yet fever and dysuria still warrant a thorough evaluation for infection. The best next step is to obtain a urine culture to confirm whether a UTI is present and to identify the causative organism and its antibiotic sensitivities. This ensures you treat appropriately and avoid unnecessary antibiotics if the culture is negative. To get a reliable result, collect a urine sample by a method appropriate for a toddler, such as catheterization (preferred in non-toilet-trained children) or clean-catch if feasible, with suprapubic aspiration considered if contamination risk is high or obtaining specimen is difficult. If the culture grows bacteria, you would tailor antibiotic therapy and duration accordingly; if culture is negative, you avoid treating for UTI. Reassurance and behavioral discussions aren't suitable here given the fever and dysuria, and empiric antibiotic therapy should be guided by culture results.

4. In evaluating an adolescent with gynecologic complaints, which finding would indicate ordering a pelvic ultrasound?

A. Amenorrhea with normal exam.

B. Palpable pelvic mass.

C. Regular menses with no symptoms.

D. Normal ultrasound finding.

A palpable pelvic mass in an adolescent with gynecologic complaints signals imaging to figure out what the mass is and how to manage it. Pelvic ultrasound is the best first step because it can show where the mass comes from (ovary, uterus, or another structure), its size and exact location, and its characteristics—whether it's simple or complex, solid or cystic, and whether there are features suggesting blood flow or torsion. This information helps distinguish benign functional cysts from more concerning masses and guides whether surgical evaluation or monitoring is needed. Ultrasound is preferred in teens because it's noninvasive and avoids radiation. By contrast, amenorrhea with a normal exam, regular menses with no symptoms, or a normal ultrasound finding aren't by themselves indications to image; imaging is driven by the presence of a mass or other clinical concern.

SAMPLE

5. For lichen simplex chronicus with pruritus, which statement about occlusive dressings is correct?

A. Apply ointment before the dressing.

B. The dressing should be applied to damp skin.

C. Plastic wrap should not be used.

D. Change the dressing twice daily.

Occlusion increases skin hydration and helps topical medications penetrate better, which is especially useful in lichen simplex chronicus to reduce itching and break the itch-scratch cycle. The best approach is to apply the ointment directly to the lesion first, then cover it with the occlusive dressing. This sequence ensures the medication is present on the skin and can be absorbed under the occlusion, maximizing effectiveness. Applying the dressing to damp skin can lead to maceration and washes away the medication, reducing its impact. The use of plastic wrap as an occlusive cover can be appropriate in some cases, but the critical point is that the ointment should be applied before occlusion to maintain proper delivery. Dressing changes are usually less frequent to maintain continuous absorption, rather than changing twice daily.

6. What is the typical incubation period for varicella after exposure?

A. 7 days

B. 14 days

C. 21 days

D. 28 days

Varicella incubation is the time from exposure to the first sign of illness. For chickenpox, this period is typically about two weeks, but it can range from roughly 10 to 21 days. In exam-style questions, 21 days reflects the upper end of the usual incubation window used for exposure assessment and return-to-work or quarantine guidance. A week after exposure is usually too soon for the rash to appear, 14 days falls in the common middle of the range but doesn't capture the maximum typical window, and 28 days goes beyond the usual incubation period. So, 21 days best represents the typical upper limit of the incubation period for varicella.

7. A 3-year-old who has recently refused bowel movements and is becoming constipated; what should the clinician do first?

A. Ask about bathroom facilities in the child's day care

B. Refer the child to a gastroenterologist for pathology

C. Suggest putting the child back in diapers and resuming toilet training later

D. Tell the parent this represents a developmental delay

In young children, constipation is most often functional and tied to toileting routines and environmental factors rather than an ongoing disease. The first thing to explore is the child's toilet environment and habits. Asking about bathroom facilities in day care is crucial because lack of easy, private, child-friendly access or stressful toilet experiences can lead a preschooler to withhold stool. When a child withholding defecation becomes uncomfortable, the stool becomes harder and more painful to pass, which reinforces the withholding cycle and worsens constipation. By identifying barriers—such as not having a convenient place to toilet, unclear routines, or anxiety about using the facilities—the clinician can address the root cause with practical changes: scheduled toilet sitting (often after meals), ensuring a kid-sized, private, and accessible bathroom, and reassuring, nonpunitive support for toileting. This approach targets the underlying behavior and environment, which often resolves the problem without medical or specialist intervention. Referral to a gastroenterologist is unnecessary at this stage unless constipation persists despite optimizing toileting routines, or there are red flags for organic disease. Suggesting a return to diapers or labeling this as a developmental delay also misses the opportunity to address a reversible, functional issue.

SAMPLE

8. An infant aged 6 months with a newly noted hip dislocation on exam: which treatment is most appropriate?

A. Spica cast

B. Pavlik harness

C. Open reduction

D. Triple diapering

In infants with developmental dysplasia of the hip, the best initial treatment when a dislocation is noticed in the first months of life is a Pavlik harness. This dynamic brace holds the hips in flexion and abduction, guiding the femoral head back into the acetabulum while allowing movement. It is noninvasive and has the highest success rate for reducing the hip in babies this age, while helping to minimize the risk of avascular necrosis when used correctly and monitored closely with follow-up exams and imaging as needed. If reduction with the Pavlik harness fails or if the hip cannot be reduced by this method, the next steps involve more definitive interventions such as open reduction, possibly with additional procedures, and immobilization after reduction (often with a spica cast). Triple diapering is not an effective treatment for this condition.

9. An 18-month-old child has a brief febrile seizure and currently has a fever with a left otitis media. Which action is appropriate for the nurse practitioner?

A. Order a lumbar puncture, complete blood count, and urinalysis.

B. Refer to a pediatric neurologist for anticonvulsant and antipyretic prophylaxis.

C. Send the child to the emergency department for EEG and possible MRI.

D. Prescribe an antibiotic for the ear infection and reassure the parents.

Managing a simple febrile seizure in a young child focuses on treating the fever and the underlying infection and reassuring the family, rather than pursuing invasive tests or long-term anticonvulsant therapy. In this situation, the fever is linked to an acute otitis media, so the most appropriate action is to treat the ear infection with an antibiotic and provide reassurance about the benign nature of a brief febrile seizure. Simple febrile seizures are typically self-limited and do not usually require a neurologic workup, anticonvulsant prophylaxis, or advanced imaging after a single event if the child looks well and there are no concerning neurological signs. In other words, addressing the ear infection helps resolve the fever that contributed to the seizure, and parents are reassured that this scenario, while frightening, has an excellent prognosis. If the child has a prolonged seizure, focal features, altered mental status, signs of meningitis, or a poor baseline neuro exam, a different workup would be considered. Fever management guidance and return precautions should also be provided to the parents.

SAMPLE

10. A 10-year-old described as a 'class clown' denies problems at school; which strategy should the nurse practitioner recommend?

A. Empower the child to make decisions and assume more responsibilities.

B. Help the child identify skills and activities that he is good at.

C. Spend time each evening helping the child with homework to improve grades.

D. Work with the teacher to set appropriate limits on school behavior.

The main idea here is using a strengths-based approach to help a child who acts out for attention. When a 10-year-old who's labeled as a class clown denies problems, guiding the child to discover and engage in skills and activities he does well builds real self-worth and gives him a constructive outlet for his energy. Identifying what the child is good at provides concrete opportunities for success. Feeling competent boosts self-esteem and makes school life feel more manageable, which can reduce the need to seek attention through disruptive behavior. This approach taps into intrinsic motivation—doing something because it feels effective and enjoyable—so the child is more likely to participate positively and with less friction. Other strategies have value in different ways, but they don't directly foster that positive self-concept through recognized strengths. Empowering more decisions and responsibilities supports autonomy, but without tying it to a sense of competence. Helping with homework targets academics, which is important but may not address the behavioral pattern. Working with the teacher to set limits helps classroom management, yet it doesn't cultivate the internal confidence that comes from succeeding in areas the child genuinely enjoys. By focusing on what he does well, the nurse practitioner helps him experience achievement and growth that can translate into better behavior and engagement at school.

SAMPLE

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://burnspediatric.examzify.com

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

SAMPLE