CAPSTONE NURSING CARE OF CHILDREN PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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.

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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!

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Questions

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1. How does a growth chart assist in pediatric healthcare?

A. It predicts future health outcomes

B. It compares children's fitness levels

C. It tracks growth patterns and identifies potential health issues

D. It indicates the need for laboratory tests

2. When teaching an adolescent about a new prescription for cefazolin, what adverse effect should be monitored?

A. Nausea and vomiting

B. Skin rash or urticaria

C. Fatigue and dizziness

D. Headache and fever

3. What clinical manifestation should a nurse monitor for in a child with a head injury?

A. Rapid pulse rate

B. Pale skin color

C. Inability to remember events

D. Loud breathing sounds

4. What is the primary concern for children diagnosed with diabetes?

A. Weight gain

B. Maintaining blood sugar control

C. Avoiding physical activity

D. Managing stress levels

5. What should the nurse instruct a parent if tympanoplasty tubes fall out?

A. Replace them immediately

B. Notify the provider that the tubes have fallen out

C. Wait for the tubes to reinsert naturally

D. Keep the child quiet for 24 hours

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6. What is the recommended daily caloric intake for a 2-year-old toddler?

A. 800 calories

B. 1,000 calories

C. 1,200 calories

D. 1,400 calories

7. By what age should a child be evaluated for potential developmental delays?

A. By 12 months

B. By 18 months

C. By 24 months

D. By 30 months

8. What is typically the most common symptom of a urinary tract infection in children?

A. Fever

B. Nausea

C. Flank pain

D. Hives

9. What is the leading cause of morbidity in children under 5 in the United States?

A. Infectious diseases

B. Accidents

C. Respiratory illnesses

D. Neurological disorders

10. Which laboratory value should a nurse report immediately for a toddler receiving chemotherapy for leukemia?

A. Hg 6g/dL

B. Platelets 50,000/mm^3

C. WBC 8,000/mm^3

D. Neutrophils 1,000/mm^3

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Answers

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

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Explanations

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1. How does a growth chart assist in pediatric healthcare?

A. It predicts future health outcomes

B. It compares children's fitness levels

C. It tracks growth patterns and identifies potential health issues

D. It indicates the need for laboratory tests

A growth chart is a vital tool in pediatric healthcare because it tracks growth patterns and helps identify potential health issues in children. By plotting a child's height, weight, and head circumference against age norms, healthcare providers can visualize how a child is growing over time in relation to their peers. This continuous monitoring allows early detection of growth abnormalities, which may indicate underlying health problems such as nutritional deficiencies, hormonal disorders, or chronic illnesses. For instance, if a child's growth pattern begins to deviate significantly from established percentiles on the chart, this can trigger further assessments to determine the cause, ensuring timely intervention if necessary. In comparison, predicting future health outcomes is more complex and involves numerous variables beyond simple measurement trends. While fitness levels are important, growth charts are specifically focused on physical growth rather than fitness metrics. Similarly, while growth patterns can sometimes indicate the need for laboratory tests, the primary function of growth charts is to monitor growth and development rather than directly indicate testing needs. Thus, the correct selection reflects the primary purpose and utility of growth charts in pediatric healthcare.

2. When teaching an adolescent about a new prescription for cefazolin, what adverse effect should be monitored?

A. Nausea and vomiting

B. Skin rash or urticaria

C. Fatigue and dizziness

D. Headache and fever

The correct choice emphasizes the importance of monitoring for skin rash or urticaria as an adverse effect of cefazolin. Cefazolin is a first-generation cephalosporin antibiotic that can trigger allergic reactions, particularly in individuals with a history of penicillin allergies, because of similar beta-lactam structures. Skin rashes, including localized rashes, urticaria (hives), or more severe reactions such as Stevens-Johnson syndrome, may manifest as part of these allergic reactions, making it crucial for health care providers to assess for these symptoms after the initiation of therapy. Monitoring for skin-related adverse effects is a standard practice because these reactions can range from mild to severe. Early detection and intervention are vital to ensure patient safety, especially in adolescents who may be less aware of the implications of these symptoms. While nausea and vomiting, fatigue and dizziness, and headache and fever can occur with various medications, they are not as closely associated specifically with cefazolin compared to skin reactions. Therefore, prioritizing the monitoring for skin rash or urticaria reinforces the need for vigilance in recognizing potential allergic responses in patients receiving this medication.

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3. What clinical manifestation should a nurse monitor for in a child with a head injury?

A. Rapid pulse rate

B. Pale skin color

C. Inability to remember events

D. Loud breathing sounds

In the context of a child with a head injury, monitoring for the inability to remember events is critical. This sign can indicate the presence of a concussion or more severe traumatic brain injury, which can affect cognitive functioning and memory. Anterograde amnesia, the inability to form new memories following the injury, and retrograde amnesia, the inability to recall events that occurred before the injury, can both manifest as difficulty in remembering events. This symptom is particularly important to recognize because it may warrant immediate further assessment and intervention to prevent complications, monitoring for conditions such as increased intracranial pressure. While changes in vital signs like pulse rate, skin color, or respiratory sounds might be concerning in a general assessment of a child's condition, they are not specific indicators of a head injury and may be caused by a variety of other factors. It's essential for nurses to focus on the cognitive and neurological signs, such as memory loss, to effectively evaluate the severity of the head injury and respond accordingly.

4. What is the primary concern for children diagnosed with diabetes?

A. Weight gain

B. Maintaining blood sugar control

C. Avoiding physical activity

D. Managing stress levels

Maintaining blood sugar control is the primary concern for children diagnosed with diabetes because it directly impacts their overall health and well-being. In diabetes, the body struggles to regulate glucose levels in the bloodstream either due to insufficient insulin production (Type 1 diabetes) or ineffective use of insulin (Type 2 diabetes). Proper management of blood sugar levels helps prevent acute complications such as hypoglycemia (low blood sugar) and hyperglycemia (high blood sugar), as well as long-term complications that can affect various systems in the body, including the eyes, kidneys, and nerves. Maintaining stable blood sugar levels requires a comprehensive approach that includes monitoring blood glucose regularly, following a balanced diet, ensuring appropriate insulin administration if needed, and engaging in regular physical activity. While weight management, physical activity, and stress levels are significant aspects of health and wellness for children with diabetes, they ultimately serve the broader goal of achieving optimal blood sugar control. Therefore, the focus on blood sugar regulation stands out as the foremost priority in the care and management of pediatric diabetes.

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5. What should the nurse instruct a parent if tympanoplasty tubes fall out?

A. Replace them immediately

B. Notify the provider that the tubes have fallen out

C. Wait for the tubes to reinsert naturally

D. Keep the child quiet for 24 hours

Informing the healthcare provider when tympanoplasty tubes fall out is essential for a few reasons. Tympanoplasty tubes are inserted to help with chronic ear infections and to facilitate the drainage of fluid from the middle ear. If the tubes fall out, it may indicate that the ear is not healing as expected, or there could be other underlying issues that need to be addressed. By notifying the provider, the parent ensures that the child receives a timely assessment. The provider can determine whether further intervention or management is needed, possibly including re-insertion of the tubes or other treatments if necessary. It is important to remember that while tympanoplasty tubes are designed to eventually fall out on their own as the eardrum heals, their premature loss should still be communicated to the healthcare professional. This approach helps safeguard the child's ear health and prevents potential complications from untreated issues. Other choices generally involve actions that may not be appropriate or beneficial and lack the important step of seeking professional advice.

6. What is the recommended daily caloric intake for a 2-year-old toddler?

A. 800 calories

B. 1,000 calories

C. 1,200 calories

D. 1,400 calories

The recommended daily caloric intake for a 2-year-old toddler is approximately 1,000 calories. This amount supports the rapid growth and high energy needs of toddlers at this developmental stage. At around age two, children are more active as they explore their environment, which further increases their caloric requirements. Nutrition guidelines suggest that toddlers need a balanced diet that includes a variety of foods from different food groups to meet their energy and nutrient needs. The 1,000 calorie recommendation is in line with dietary standards provided by health organizations, which account for a child's energy expenditure during activities crucial for their growth, development, and overall health. While some might mistakenly believe lower caloric intakes are sufficient, it's important to recognize that toddlers require adequate energy not only for physical activities but also for brain development and general metabolic functions. The other options, which suggest lower or unreasonably high intakes, do not align with established dietary recommendations for this age group.

7. By what age should a child be evaluated for potential developmental delays?

A. By 12 months

B. By 18 months

C. By 24 months

D. By 30 months

A child should be evaluated for potential developmental delays by 18 months because this age marks a critical period for assessing early milestones across various domains, such as speech, motor skills, and social development. At this stage, children are expected to exhibit specific developmental achievements, like saying a few words or displaying social engagement. Early identification of delays can lead to timely interventions, which are crucial in supporting the child's development and improving outcomes. While evaluations can certainly begin earlier or later, 18 months is often highlighted as a key point for monitoring development, due to the rapid changes that occur during infancy and the need for proactive measures if delays are present. This aligned timing allows for the establishment of baseline developmental skills and provides parents and healthcare providers with the necessary information to support the child effectively.

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8. What is typically the most common symptom of a urinary tract infection in children?

A. Fever

B. Nausea

C. Flank pain

D. Hives

Fever is often the most common symptom of a urinary tract infection (UTI) in children. This is primarily due to the body's immune response to the infection, triggering a rise in body temperature as part of the inflammatory process. In younger children, especially infants and toddlers, fever can sometimes be the only apparent symptom, making it crucial for caregivers and healthcare providers to recognize it as a potential indicator of a UTI. While nausea, flank pain, and hives can occur in various medical conditions, they are not typically associated with UTIs in children. Nausea may arise from other gastrointestinal issues, flank pain is more characteristic of kidney-related problems rather than a straightforward UTI, and hives are more indicative of an allergic reaction rather than an infection. Hence, fever stands out as the most common and significant symptom indicating a possible urinary tract infection in pediatric patients.

9. What is the leading cause of morbidity in children under 5 in the United States?

A. Infectious diseases

B. Accidents

C. Respiratory illnesses

D. Neurological disorders

The leading cause of morbidity in children under 5 in the United States is indeed respiratory illnesses. This encompasses a range of conditions such as asthma, bronchiolitis, and pneumonia, all of which are significant contributors to health problems in young children. Respiratory illnesses are particularly common in this age group due to several factors: the immature immune systems of young children make them more susceptible to infections; their smaller airways lead to a higher likelihood of complications from viral infections, and environmental factors such as exposure to allergens and pollutants which may contribute to respiratory issues. These conditions can result in increased healthcare utilization, including emergency visits and hospitalizations, making them a critical focus for pediatric healthcare. In contrast, while accidents are a significant cause of injury-related morbidity in children, they do not surpass the prevalence and impact of respiratory illnesses in this specific age group. Similarly, while infectious diseases are important, many are preventable through vaccinations and are managed more effectively, leading to lower morbidity rates compared to respiratory conditions. Neurological disorders, though serious, tend to be less common when compared to the frequent occurrences of respiratory problems in this demographic.

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10. Which laboratory value should a nurse report immediately for a toddler receiving chemotherapy for leukemia?

A. Hg 6g/dL

B. Platelets 50,000/mm³

C. WBC 8,000/mm³

D. Neutrophils 1,000/mm³

In the context of a toddler receiving chemotherapy for leukemia, a hemoglobin level of 6 g/dL is critically low and represents a significant concern. Hemoglobin is the component of red blood cells responsible for carrying oxygen throughout the body. When hemoglobin levels drop to this extent, the child may experience severe fatigue, weakness, and increased risk of hypoxia, along with other complications. In pediatric patients, particularly those undergoing chemotherapy, maintaining adequate hemoglobin levels is essential for overall health and recovery. A hemoglobin level of 6 g/dL indicates severe anemia, which may require urgent intervention, such as a blood transfusion or other supportive care to stabilize the child's condition. The other laboratory values are concerning, but they do not require the same level of immediate intervention. For instance, a platelet count of 50,000/mm³ is low but often tolerated in pediatric populations, although it poses a risk of bleeding. A white blood cell count of 8,000/mm³ is within the normal range, especially considering the child is undergoing treatment for leukemia, and a neutrophil count of 1,000/mm³ indicates neutropenia, which is also a common side effect of chemotherapy but not as immediately life-threatening as a hemoglobin level

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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://capstonenursingcareofchildren.examzify.com

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

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