CERTIFIED PEDIATRIC NURSE (CPN) 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. **What is an additional intervention for caring for an infant with bronchiolitis caused by RSV?**

   A. Administer Albuterol every 4 hours

   B. Provide Racemic epinephrine every 6 hours

   C. Use hypotonic saline as needed

   D. Offer no additional interventions since RSV is a virus

2. **Why are infants and children more susceptible to otitis media?**

   A. The Eustachian tubes are short and in a horizontal position

   B. Children frequently put objects in their ears

   C. They have immature immune systems

   D. They eat by sucking, increasing ear infection risk

3. **Post-surgery, how should a nurse instruct parents to feed a 3 month old infant who just had a cleft lip repair?**

   A. Breast feed or bottle feed

   B. Use a cup to feed

   C. Use a paper straw

   D. Use a medicine dropper

4. **Which of the following symptoms would indicate that a child with cystic fibrosis is experiencing acute respiratory distress?**

   A. Barrel shaped chest

   B. Clubbing of the toes

   C. Intercostal retractions

   D. Having to take a breath after each sentence

5. **At what weight should a 1 year old, who weighed 8 pounds at birth, ideally be?**

   A. 16 pounds

   B. 20 pounds

   C. 24 pounds

   D. 32 pounds

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6. Which of the following describes a typical emotional state of a preschool-age child?

A. Highly independent

B. Dependent on adults for emotional support

C. Emotionally stable and self-sufficient

D. Easily threatened by new experiences

7. What should be the nurse's first action when examining a 6-month-old infant sitting on the mother's lap?

A. Assessment of the fontanel

B. Palpation of the pulses

C. Auscultation of the chest

D. Palpation of the abdomen

8. In a newborn suspected of having a tracheo-esophageal fistula, which symptom would be indicative?

A. Drooling and diarrhea

B. Increased mucus production and oral secretions

C. Air distention in the stomach and vomiting

D. Persistent cyanosis and visible peristaltic waves

9. What is a major concern for children aged 5-7 years when admitted to a hospital?

A. Fear of needles

B. Separation from parents

C. Fear of medication

D. Temperature-taking methods

10. At what age does a child's head circumference typically become smaller than their chest circumference?

A. 3 months

B. 9 months

C. 15 months

D. 30 months

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Answers

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

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Explanations

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1. What is an additional intervention for caring for an infant with bronchiolitis caused by RSV?

A. Administer Albuterol every 4 hours

B. Provide Racemic epinephrine every 6 hours

C. Use hypotonic saline as needed

D. Offer no additional interventions since RSV is a virus

When caring for an infant with bronchiolitis caused by respiratory syncytial virus (RSV), it's important to understand the nature of the condition. RSV is a viral infection that primarily affects the small airways in the lungs, leading to inflammation and congestion. Because bronchiolitis is viral in origin, specific antiviral medications are not typically administered. The focus of treatment in such cases is supportive care, which may include hydration, nasal suctioning to clear secretions, and monitoring for respiratory distress. Since the primary concern with bronchiolitis is managing symptoms and providing support rather than treating the virus itself, it is appropriate to refrain from additional interventions that would not alter the course of the viral illness. Other suggested interventions, such as administering bronchodilators like albuterol or racemic epinephrine, or using hypotonic saline, have limited effectiveness in the management of RSV-induced bronchiolitis. The use of bronchodilators in particular has not shown significant benefits in infants with bronchiolitis. Therefore, stating that no additional interventions are needed reflects the understanding that RSV is self-limiting and supportive care is the appropriate approach.

2. Why are infants and children more susceptible to otitis media?

A. The Eustachian tubes are short and in a horizontal position

B. Children frequently put objects in their ears

C. They have immature immune systems

D. They eat by sucking, increasing ear infection risk

Infants and children are more susceptible to otitis media primarily because their Eustachian tubes are shorter and positioned more horizontally compared to adults. This anatomical feature contributes to an increased risk of fluid accumulation in the middle ear. The horizontal orientation makes it easier for bacteria and viruses from the nasopharynx to reach the middle ear, especially during episodes of upper respiratory infections, which are common in this age group. The shorter length of the Eustachian tubes also impairs their ability to drain fluids efficiently. In adults, the longer and more angled Eustachian tubes allow for better drainage and ventilation of the middle ear. In children, the combination of these factors leads to a higher incidence of otitis media, as any blockage or dysfunction can quickly result in infection due to the inability of the fluid to drain properly. While the other options touch on factors related to childhood health and behaviors, they do not directly explain the anatomical and physiological reasons behind the increased susceptibility to otitis media in infants and children.

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3. Post-surgery, how should a nurse instruct parents to feed a 3 month old infant who just had a cleft lip repair?

A. Breast feed or bottle feed

B. Use a cup to feed

C. Use a paper straw

D. Use a medicine dropper

For an infant who has just undergone cleft lip repair, the recommended approach to feeding involves ensuring that the child can comfortably obtain nutrition while minimizing any potential trauma to the surgical site. Feeding methods such as breastfeeding or bottle feeding are typically appropriate, as they provide a familiar and effective way to deliver nutrition, allowing the infant to suck and swallow normally. Breastfeeding can be particularly beneficial because it promotes bonding and offers the added advantage of easily adjusted flow rates, which may be less likely to disrupt the healing areas compared to other feeding methods. Bottle feeding with a special nipple designed for infants with cleft lip can also provide a suitable alternative, helping to control the flow of milk and ensuring the infant receives adequate nutrition without creating undue stress on the surgical site. Options that involve using a cup, paper straw, or medicine dropper would not be optimal following a cleft lip repair because they do not fulfill the infant's need for sucking, which is important for both nourishment and comfort. Using these methods can also make feeding more challenging for both the infant and the parents, potentially leading to frustration and inadequate nutrition during a critical healing period.

4. Which of the following symptoms would indicate that a child with cystic fibrosis is experiencing acute respiratory distress?

A. Barrel shaped chest

B. Clubbing of the toes

C. Intercostal retractions

D. Having to take a breath after each sentence

Cystic fibrosis is a progressive disease that primarily affects the lungs, leading to the production of thick mucus that can obstruct airways and cause respiratory complications. When a child with cystic fibrosis experiences acute respiratory distress, certain physical signs are indicative of severe respiratory trouble. Intercostal retractions occur when the muscles between the ribs pull inwards to assist with breathing, indicating that the child is working harder to breathe. This manifestation suggests that the airway is compromised and that the child is struggling to obtain adequate oxygen, which aligns with the concept of acute respiratory distress. In contrast, a barrel-shaped chest and clubbing of the toes typically reflect chronic changes associated with long-term respiratory issues rather than acute episodes of distress. A child needing to take a breath after each sentence may show a sign of respiratory distress as well but does not specifically indicate the intense physical struggle to breathe that intercostal retractions do. Therefore, intercostal retractions are a more direct symptom of acute respiratory distress in this context.

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5. At what weight should a 1 year old, who weighed 8 pounds at birth, ideally be?

A. 16 pounds

B. 20 pounds

C. 24 pounds

D. 32 pounds

To determine the ideal weight for a 1-year-old who weighed 8 pounds at birth, it's helpful to refer to growth charts and pediatric recommendations. Typically, it is expected that infants will approximately triple their birth weight by the time they turn 1 year old. For a child who was born at 8 pounds, the expected ideal weight around their first birthday would be around 24 pounds. This is in line with the standard growth expectations set forth by pediatric health guidelines, which aim to monitor a child's growth in relation to their birth weight to ensure they are progressing appropriately. By understanding this growth pattern, it becomes clear why 24 pounds is the most suitable choice for the ideal weight of a 1-year-old who started at 8 pounds at birth. The other options provide weights that do not align with the typical growth progression for infants within the first year of life.

6. Which of the following describes a typical emotional state of a preschool-age child?

A. Highly independent

B. Dependent on adults for emotional support

C. Emotionally stable and self-sufficient

D. Easily threatened by new experiences

Preschool-age children typically display a wide range of emotions and are often dependent on adults for emotional support. At this developmental stage, children are beginning to navigate their feelings and the world around them, but they still rely heavily on caregivers for reassurance and guidance. They may experience separation anxiety or fear when faced with new situations, indicating their need for emotional security provided by adults. As they gain experiences and begin to develop independence, this reliance might decrease, but during the preschool years, they often look to trusted adults for comfort and affirmation, especially in unfamiliar or overwhelming environments.

7. What should be the nurse's first action when examining a 6-month-old infant sitting on the mother's lap?

A. Assessment of the fontanel

B. Palpation of the pulses

C. Auscultation of the chest

D. Palpation of the abdomen

When examining a 6-month-old infant, the priority is to ensure the infant is calm and reassured, as this facilitates a smoother examination process. Auscultation of the chest is the first action that is appropriate in this scenario because it allows the nurse to assess respiratory function and cardiac status while the infant is in a comfortable position on the mother's lap. This minimizes stress for the infant and provides an opportunity to listen to lung sounds and heart rate, which are crucial components of the overall assessment. In this age group, performing auscultation early in the examination is beneficial because infants can become fussy or upset during assessments, potentially obscuring valuable findings. By starting with auscultation, the nurse can gather important baseline data without causing unnecessary discomfort to the child. Other assessments, such as palpation of pulses, evaluation of the fontanel, or palpation of the abdomen, are also important but can be done after auscultation, as the infant remains calm due to the support of the mother during the initial exam.

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8. In a newborn suspected of having a tracheo-esophageal fistula, which symptom would be indicative?

A. Drooling and diarrhea

B. Increased mucus production and oral secretions

C. Air distention in the stomach and vomiting

D. Persistent cyanosis and visible peristaltic waves

In a newborn suspected of having a tracheo-esophageal fistula, the presence of increased mucus production and oral secretions is a key indicative symptom. This occurs because the abnormal connection between the trachea and esophagus can lead to aspiration of oral secretions into the lungs, causing an accumulation of mucus. Newborns are particularly susceptible to this due to their underdeveloped swallowing mechanisms and increased secretions. The condition can also lead to difficulty in managing oral secretions, as they may not be able to effectively swallow or clear these secretions. The increased oral secretions, often described as copious, serve as a sign that the structural anomaly is impacting normal physiological function. Other symptoms associated with tracheo-esophageal fistula can include respiratory distress, feeding difficulties, and potentially gastrointestinal symptoms, but those specific to excessive secretions highlight the pathophysiological processes at play in tracheo-esophageal fistulas.

9. What is a major concern for children aged 5-7 years when admitted to a hospital?

A. Fear of needles

B. Separation from parents

C. Fear of medication

D. Temperature-taking methods

The concern for children aged 5-7 years when admitted to a hospital primarily revolves around separation from their parents. At this developmental stage, children have strong attachments to their caregivers and may experience significant anxiety when faced with unfamiliar environments, such as a hospital setting, away from their family. This age group is beginning to understand the concept of time, but may not fully grasp when they will be reunited with their parents, leading to feelings of insecurity and fear. Children in this age range also have an emerging sense of social relationships and may rely heavily on their parents for emotional support and reassurance. This fear of separation can manifest in various ways, including crying, tantrums, or withdrawal behaviors, making it crucial for healthcare providers to implement strategies that promote parental involvement and comfort during hospitalization to alleviate this concern. Such support can enhance the child's coping mechanisms and overall experience in the hospital.

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10. At what age does a child's head circumference typically become smaller than their chest circumference?

A. 3 months

B. 9 months

C. 15 months

D. 30 months

The age at which a child's head circumference typically becomes smaller than their chest circumference is around 30 months. During the early stages of growth, particularly in infancy, the head grows significantly in proportion to the body. This growth rate of the head circumference is faster than that of the chest circumference during the first year of life. By the time a child reaches 30 months, the growth patterns begin to shift, and the chest circumference gains relative size compared to the head circumference. This developmental milestone reflects the overall growth and maturation of the child as they transition from infancy to early childhood. Understanding these growth patterns is essential for assessing normal development in pediatric patients.

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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://cpn.examzify.com

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

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