CMS PRACTICAL NURSING (PN) PEDIATRICS PRACTICE TEST (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. Before starting isotretinoin therapy, which precaution should the adolescent be informed is required?

A. One negative pregnancy test

B. Pregnancy test after starting therapy

C. No pregnancy testing is needed

D. Two negative pregnancy tests prior to starting this medication

2. In evaluating a child with Wilms tumor, which precaution should the nurse observe during examination?

A. Palpate the abdomen firmly to detect a mass

B. Gently palpate the abdomen to assess for a mass

C. Avoid palpating the abdomen to prevent rupture

D. Massage the abdomen to detect masses

3. During admission of a toddler with Haemophilus influenzae type B meningitis, which isolation precaution should be planed?

A. Contact precautions

B. Airborne precautions

C. No isolation needed

D. Droplet precautions

4. What is the initial management step for a suspected anaphylactic reaction in a child?

A. Wait for symptoms to worsen before giving epinephrine.

B. Give oral antihistamines first.

C. Call for help but delay medication.

D. Administer intramuscular epinephrine immediately; secure airway; call for emergency help; provide oxygen.

5. Which of the following is NOT a typical gross motor milestone for a 9-month-old?

A. Sits without support.

B. Crawls.

C. Pulls to stand.

D. Walks independently.

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6. Which intervention during a well-child visit would help a toddler fall asleep more quickly at night?

A. Provide the toddler with a favorite toy at bedtime

B. Keep the television on at bedtime

C. Offer a sugary snack at bedtime

D. Let the toddler fall asleep on the couch

7. What organism is the most common cause of acute otitis media in children?

A. Haemophilus influenzae

B. Streptococcus pneumoniae

C. Moraxella catarrhalis

D. Staphylococcus aureus

8. What is the recommended management for mild to moderate dehydration due to gastroenteritis?

A. Intravenous fluids only

B. Oral rehydration therapy (ORS) with small, frequent sips and continued feeding.

C. NPO with nothing by mouth

D. Large-volume bolus of fluid without feeding

9. Which vital sign pattern would most strongly suggest dehydration in a young child?

A. Tachycardia with delayed capillary refill, dry mucous membranes, and reduced urine output.

B. Hypotension with strong pulses and moist mucous membranes.

C. Bradycardia with rapid capillary refill.

D. Normal vitals with normal urine output.

10. Which finding indicates successful fluid resuscitation in a dehydrated child?

A. Rehydration with improved perfusion signs, stable vitals, good capillary refill, and adequate urine output

B. Worsening perfusion signs and persistent tachycardia

C. Decreased urine output with dry mucous membranes

D. Persistent lethargy and fever

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Answers

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

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Explanations

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1. Before starting isotretinoin therapy, which precaution should the adolescent be informed is required?

A. One negative pregnancy test

B. Pregnancy test after starting therapy

C. No pregnancy testing is needed

D. Two negative pregnancy tests prior to starting this medication

Isotretinoin is extremely teratogenic, so it must only be started when you can be absolutely sure the patient is not pregnant. The safe protocol requires two separate negative pregnancy tests before beginning treatment to confirm there is no pregnancy at the start. This minimizes the risk of exposing a fetus to the drug during the very early stages of pregnancy, when defects can begin to develop. One negative test wouldn't provide as strong a guarantee, testing after starting would not prevent exposure if pregnancy exists at initiation, and no testing is unsafe. Therefore, two negative pregnancy tests before starting isotretinoin are required.

2. In evaluating a child with Wilms tumor, which precaution should the nurse observe during examination?

A. Palpate the abdomen firmly to detect a mass

B. Gently palpate the abdomen to assess for a mass

C. Avoid palpating the abdomen to prevent rupture

D. Massage the abdomen to detect masses

The main idea here is to prevent rupture of a Wilms tumor during examination. A Wilms tumor is a renal malignancy in children that is often encapsulated; manipulating the abdomen can rupture the capsule and spill cancerous cells into the peritoneal cavity. This rupture can seed metastasis and complicate surgical management, worsening prognosis. Therefore, the safest nursing practice is to avoid palpating the abdomen altogether to prevent rupture, instead relying on imaging studies (like ultrasound or CT) to evaluate and characterize the mass. Handling the child gently and selecting noninvasive assessment methods helps protect the tumor from rupture. Palpating or massaging the abdomen could cause rupture and is not appropriate.

3. During admission of a toddler with Haemophilus influenzae type B meningitis, which isolation precaution should be planed?

A. Contact precautions

B. Airborne precautions

C. No isolation needed

D. Droplet precautions

Hib meningitis spreads mainly through respiratory droplets produced when the child coughs, sneezes, or talks. Because of this, the appropriate plan is to use droplet precautions. This involves placing the child in a private room if possible, having staff and visitors wear a mask when within about 3 feet of the child, and using standard hygiene practices to prevent transmission. Eye protection is used if there is a risk of splashes, and gloves/gown are worn as indicated by the care being given. Droplet precautions address the way Hib is transmitted, and airborne precautions (for small aerosolized particles) or just general contact precautions wouldn't be sufficient in this case.

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4. What is the initial management step for a suspected anaphylactic reaction in a child?

A. Wait for symptoms to worsen before giving epinephrine.

B. Give oral antihistamines first.

C. Call for help but delay medication.

D. Administer intramuscular epinephrine immediately; secure airway; call for emergency help; provide oxygen.

The essential idea is that suspected pediatric anaphylaxis must be treated immediately with epinephrine. Administer intramuscular epinephrine right away to reverse life-threatening airway edema, bronchospasm, and shock. After giving the dose, secure the airway if needed, call emergency services, and provide high-flow oxygen. Epinephrine is the only medication that rapidly counters the underlying pathophysiology; waiting or relying on antihistamines alone can allow deterioration. In kids, give 0.01 mg/kg of 1:1000 epinephrine intramuscularly (maximum about 0.3 mg per dose for smaller children, 0.5 mg if weight and guidelines allow) and repeat every 5–15 minutes if symptoms persist, while monitoring and arranging urgent transfer to advanced care.

5. Which of the following is NOT a typical gross motor milestone for a 9-month-old?

A. Sits without support.

B. Crawls.

C. Pulls to stand.

D. Walks independently.

Nine-month-olds are rapidly refining balance and strength, but they're typically not yet walking on their own. By this age, many babies can sit without support, which shows good trunk control. They also often begin to move around by crawling or scooting, and they may pull up to stand or cruise while holding onto furniture. Independent walking usually comes later, around 12 to 15 months, with plenty of variation among individuals. So walking independently at nine months isn't typical, while sitting without support, crawling, and pulling to stand fit the expected sequence for this age.

6. Which intervention during a well-child visit would help a toddler fall asleep more quickly at night?

A. Provide the toddler with a favorite toy at bedtime

B. Keep the television on at bedtime

C. Offer a sugary snack at bedtime

D. Let the toddler fall asleep on the couch

Providing a comforting, familiar object at bedtime helps a toddler settle and fall asleep more quickly. A favorite toy acts as a transitional or security cue, promoting self-soothing and reducing bedtime resistance as the child moves from wakefulness to sleep. It signals that it's time to wind down and creates a calm, predictable routine that supports quicker sleep onset. In contrast, keeping the television on at bedtime can increase alertness, offering stimulating visuals and sound that delay sleep. A sugary snack can energize the child and disrupt sleep, while letting the child fall asleep on the couch can create inconsistent sleep associations and make it harder to transfer that sleep to the child's own bed.

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7. What organism is the most common cause of acute otitis media in children?

A. Haemophilus influenzae

B. Streptococcus pneumoniae

C. Moraxella catarrhalis

D. Staphylococcus aureus

The main idea here is understanding which bacteria most often trigger middle-ear infection in kids. Streptococcus pneumoniae is the leading cause of acute otitis media in children. This is because many children carry S. pneumoniae in the nasopharynx, and after a viral upper respiratory infection the bacteria can ascend the Eustachian tube into the middle ear, causing inflammation and pus. While non-typeable Haemophilus influenzae and Moraxella catarrhalis are also common culprits, S. pneumoniae occurs most frequently as a single pathogen in pediatric AOM. Vaccination against pneumococcus has reduced its share, but it remains the top culprit among bacterial causes. Staphylococcus aureus is much less typical for AOM in children.

8. What is the recommended management for mild to moderate dehydration due to gastroenteritis?

A. Intravenous fluids only

B. Oral rehydration therapy (ORS) with small, frequent sips and continued feeding.

C. NPO with nothing by mouth

D. Large-volume bolus of fluid without feeding

Managing mild to moderate dehydration from gastroenteritis relies on replacing fluids and electrolytes while keeping nutrition going. Oral rehydration therapy using a proper ORS is preferred, given in small, frequent sips so the child can tolerate it and vomiting is minimized. The glucose in ORS helps the intestines absorb sodium and water efficiently, speeding rehydration. At the same time, continue age-appropriate feeding to provide calories and support gut recovery; regular diet should be resumed as soon as the child can drink. Intravenous fluids are reserved for severe dehydration, ongoing dehydration despite oral fluids, or if the child cannot take fluids by mouth. Avoid NPO and avoid large-volume fluid boluses in this setting, as they don't address the ongoing losses and can cause issues.

9. Which vital sign pattern would most strongly suggest dehydration in a young child?

A. Tachycardia with delayed capillary refill, dry mucous membranes, and reduced urine output.

B. Hypotension with strong pulses and moist mucous membranes.

C. Bradycardia with rapid capillary refill.

D. Normal vitals with normal urine output.

Early dehydration in a young child is best identified by signs of reduced circulating volume and perfusion. When fluid is lost, the body compensates by increasing heart rate to maintain cardiac output, so tachycardia is common. Peripheral perfusion worsens, causing capillary refill to be delayed. Fluid loss also leads to dry mucous membranes, and the kidneys conserve water, resulting in reduced urine output. Together, tachycardia with delayed capillary refill, dry mucous membranes, and decreased urine output create a pattern that strongly indicates dehydration, especially since hypotension is a late sign and may not appear until more severe dehydration. If vitals are normal and urine output is normal, dehydration is unlikely.

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10. Which finding indicates successful fluid resuscitation in a dehydrated child?

A. Rehydration with improved perfusion signs, stable vitals, good capillary refill, and adequate urine output

B. Worsening perfusion signs and persistent tachycardia

C. Decreased urine output with dry mucous membranes

D. Persistent lethargy and fever

The main idea here is that successful fluid resuscitation is shown by restoration of circulating volume leading to improved tissue perfusion and kidney function. When fluids replenish the intravascular space, the body's circulation starts to normalize: vital signs settle, capillary refill returns to normal, and perfusion to organs improves. A good indicator that the kidneys are being adequately perfused and fluid status is improving is adequate urine output. Together, these signs show the child is responding to rehydration and that perfusion and renal function have recovered. If perfusion signs stay poor or tachycardia persists, that suggests ongoing under-resuscitation. Decreased urine output with dry mucous membranes points to continued dehydration. Lethargy and fever can occur for other reasons and don't specifically indicate that fluid status has improved.

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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://cmspnpediatrics.examzify.com

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

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