HESI MATERNITY/ PEDIATRIC REMEDIATION 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. What skin care education should the nurse provide to parents of an infant who has undergone surgical repair of a myelomeningocele?

A. Will require long-term multidisciplinary follow-up care

B. Should take prophylactic antibiotic therapy indefinitely

C. Must be kept dry by applying powder after each diaper change

D. Does not need anything more than routine cleansing and diaper changes

2. Which factor is likely to contribute to inadequate nutrition in an infant with cleft lip and palate?

A. Incomplete gut closure at birth

B. Insufficient circulation to the oral area

C. Inefficient feeding behaviors due to anatomical challenges

D. Inability to properly maintain temperature

3. What is a true statement regarding transdermal estradiol?

A. Estradiol reduces estrogen levels.

B. Estradiol is slowly absorbed from the skin.

C. Estradiol patches are applied monthly.

D. Estradiol should be used along with sunscreen products.

4. At what age do children commonly start combining words into short sentences?

A. 12 months

B. 18 months

C. 2 years

D. 3 years

5. Which vaccination is first given to infants at 2 months of age?

A. Measles, Mumps, and Rubella (MMR)

B. Diphtheria, Tetanus, and Pertussis (DTaP)

C. Pneumococcal conjugate vaccine (PCV)

D. Hepatitis A

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6. What is the normal range of heart rate for a newborn?

A. 80-120 beats per minute

B. 100-140 beats per minute

C. 120-160 beats per minute

D. 140-180 beats per minute

7. What long-term effect is associated with untreated congenital hypothyroidism?

A. Myxedema

B. Thyrotoxicosis

C. Spastic paralysis

D. Cognitive impairment

8. What symptom would the nurse expect in a 3-year-old with mild iron-deficiency anemia?

A. Cold, clammy skin

B. Increased pulse rate

C. Increased blood pressure

D. Cyanosis of the nail beds

9. What is a significant risk associated with the use of promethazine in fertility treatments?

A. Constipation

B. Pregnancy failure

C. Impaired fertility

D. Hemorrhage

10. Which education would the nurse provide the parents of a 4-year-old child with a new colostomy?

A. Restricting fluid intake

B. Instituting dietary restrictions

C. Encouraging physical activity

D. Inspecting the stoma once a day

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Answers

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

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Explanations

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1. What skin care education should the nurse provide to parents of an infant who has undergone surgical repair of a myelomeningocele?

A. Will require long-term multidisciplinary follow-up care

B. Should take prophylactic antibiotic therapy indefinitely

C. Must be kept dry by applying powder after each diaper change

D. Does not need anything more than routine cleansing and diaper changes

In the context of an infant who has undergone surgical repair of a myelomeningocele, providing education about long-term multidisciplinary follow-up care is crucial. Myelomeningocele, a type of spina bifida, can lead to various complications, including mobility issues, urinary function problems, and increased risk of skin breakdown, especially in the peri-wound area or in cases of incontinence. Engaging in long-term follow-up allows for continuous assessment and management of the child's holistic needs by a team that may include pediatricians, neurologists, orthopedic specialists, urologists, and rehabilitation therapists. Parents should be informed that skin care, urological needs, and physical development will be ongoing concerns that require multidisciplinary collaboration to optimize the child's quality of life and prevent potential complications related to their condition. Understanding that care extends beyond the immediate post-operative period and into long-term health management helps parents anticipate the kind of support and guidance they will need as their child grows. This knowledge allows them to prepare for regular evaluations and interventions that may be necessary over time.

2. Which factor is likely to contribute to inadequate nutrition in an infant with cleft lip and palate?

A. Incomplete gut closure at birth

B. Insufficient circulation to the oral area

C. Inefficient feeding behaviors due to anatomical challenges

D. Inability to properly maintain temperature

Inefficient feeding behaviors due to anatomical challenges is a significant factor that can contribute to inadequate nutrition in an infant with cleft lip and palate. The structural abnormalities associated with these conditions can interfere with the infant's ability to create a proper seal for breastfeeding or bottle-feeding, making it difficult to generate the necessary suction. As a result, feeding can become labor-intensive and frustrating for both the infant and the caregiver, often leading to inadequate intake of nutrition. The anatomical challenges include the presence of an opening in the lip and/or palate, which can disrupt the movement of milk from the bottle or breast into the infant's mouth. Infants may struggle to coordinate sucking, swallowing, and breathing effectively, which can hinder their ability to feed efficiently and receive adequate nutrition. This difficult feeding process can lead to poor weight gain and nutritional deficiencies if not addressed properly. Understanding the impact of these anatomical challenges is crucial for caregivers and healthcare providers to implement appropriate feeding strategies and interventions that can help infants with cleft lip and palate get the nutrition they need for healthy growth and development.

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3. What is a true statement regarding transdermal estradiol?

A. Estradiol reduces estrogen levels.

B. Estradiol is slowly absorbed from the skin.

C. Estradiol patches are applied monthly.

D. Estradiol should be used along with sunscreen products.

Transdermal estradiol is designed for slow absorption through the skin, which allows for a steady release of the hormone into the bloodstream. This method of administration helps maintain consistent hormone levels, reducing fluctuations associated with oral forms of estradiol. The slow absorption is beneficial for individuals needing hormone replacement therapy, as it minimizes side effects and improves adherence to the treatment regimen. The other options do not accurately reflect the properties or recommendations for the use of transdermal estradiol. For instance, estradiol does not reduce estrogen levels; instead, it provides supplemental estrogen. The patches are typically changed weekly rather than monthly, making the adherence to therapy easier. While using sunscreen is important for skin protection, it is not specifically required when using estradiol patches unless directed by a healthcare professional based on individual skin sensitivity or exposure recommendations.

4. At what age do children commonly start combining words into short sentences?

A. 12 months

B. 18 months

C. 2 years

D. 3 years

Children commonly start combining words into short sentences around the age of 2 years. By this age, most children have developed a vocabulary that enables them to string together two or more words to express simple ideas or actions, such as "want cookie" or "go play." This stage marks a significant development in language skills and reflects their growing ability to communicate needs and thoughts. At around 12 months, children are typically beginning to say single words and often engage in vocal play, but they have not yet combined words into sentences. By 18 months, many may have a vocabulary of 10 to 25 words, but they generally have not yet started forming two-word phrases consistently. By the age of 3 years, children expand their language further, using more complex sentences and grammatical structures. Therefore, the age of 2 years is the most accurate point at which children begin to combine words into short sentences.

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5. Which vaccination is first given to infants at 2 months of age?

A. Measles, Mumps, and Rubella (MMR)

B. Diphtheria, Tetanus, and Pertussis (DTaP)

C. Pneumococcal conjugate vaccine (PCV)

D. Hepatitis A

The Diphtheria, Tetanus, and Pertussis (DTaP) vaccine is typically administered to infants beginning at 2 months of age. This vaccination protects against three serious diseases: diphtheria, which can cause severe throat infections; tetanus, which affects the nervous system and can result from contaminated wounds; and pertussis, commonly known as whooping cough, which is highly contagious and can lead to severe respiratory issues in infants. The DTaP vaccine is a crucial part of the childhood immunization schedule recommended by health authorities to ensure early protection during the vulnerable early months of life. Vaccinating at this age helps to establish immunity before infants are exposed to these potentially severe diseases. In contrast, the Measles, Mumps, and Rubella (MMR) vaccine is administered later, generally between 12-15 months of age. The Pneumococcal conjugate vaccine (PCV) is also given, but it is typically administered alongside DTaP, with the first dose at 2 months, making it less distinct as the singular first vaccine. Lastly, the Hepatitis A vaccine is usually given starting at 12 months. Therefore, the DTaP is the first vaccination given

6. What is the normal range of heart rate for a newborn?

A. 80-120 beats per minute

B. 100-140 beats per minute

C. 120-160 beats per minute

D. 140-180 beats per minute

The normal heart rate for a newborn is typically between 120 to 160 beats per minute. This range reflects the high metabolic demand and needs of a newborn, whose heart rate is naturally more elevated compared to older children and adults. Newborns rely on a higher heart rate to ensure adequate perfusion and oxygenation of their rapidly growing tissues. Understanding the importance of maintaining this heart rate range is critical for identifying any potential issues, such as bradycardia (a slower heart rate) or tachycardia (a faster heart rate), which can indicate underlying medical concerns. For instance, if a newborn's heart rate were consistently below or above this range, it could signal distress or other health problems requiring further assessment and intervention. This knowledge is essential for healthcare providers in the neonatal care setting to ensure the well-being of their patients.

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7. What long-term effect is associated with untreated congenital hypothyroidism?

A. Myxedema

B. Thyrotoxicosis

C. Spastic paralysis

D. Cognitive impairment

Untreated congenital hypothyroidism can lead to significant long-term effects, the most notable of which is cognitive impairment. This condition occurs due to a deficiency of thyroid hormones during critical periods of brain development in infancy and early childhood. When thyroid hormone levels are insufficient, it can disrupt normal growth and maturation processes in the brain, ultimately resulting in intellectual disability and learning difficulties. Early diagnosis and treatment with thyroid hormone replacement therapy can effectively mitigate these risks, emphasizing the importance of newborn screening programs to detect hypothyroidism early. Addressing this condition promptly can help ensure that affected children develop cognitive and motor skills in line with their peers. Other options, while related to thyroid dysfunction, do not specifically pertain to the long-term consequences of untreated congenital hypothyroidism. For example, myxedema is a condition typically associated with severe hypothyroidism in adults, not in untreated congenital cases. Thyrotoxicosis pertains to an excess of thyroid hormones, which is not relevant here. Spastic paralysis is a separate neurological condition and is not a direct consequence of untreated congenital hypothyroidism.

8. What symptom would the nurse expect in a 3-year-old with mild iron-deficiency anemia?

A. Cold, clammy skin

B. Increased pulse rate

C. Increased blood pressure

D. Cyanosis of the nail beds

In a three-year-old child with mild iron-deficiency anemia, an increased pulse rate is a common physiological response. When there is a deficiency of iron impacting hemoglobin production, the oxygen-carrying capacity of the blood is reduced. This reduction leads the body to compensate by increasing heart rate to ensure that oxygen is effectively delivered to tissues despite the decreased levels of hemoglobin. Children, due to their higher metabolic demands and smaller blood volumes, are particularly responsive to changes in oxygen delivery. As a result, an elevated heart rate can be expected when the body is attempting to compensate for reduced oxygen levels. This physiological adaptation helps maintain appropriate perfusion and oxygenation of vital organs and systems. Other symptoms associated with anemia, such as fatigue, pallor, or irritability, may also be observed in a child but are not as directly measurable as an increased pulse rate. The other options do not typically align with the expected symptoms of mild iron-deficiency anemia in this age group, reinforcing the likelihood of the increased heart rate as a compensatory mechanism.

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9. What is a significant risk associated with the use of promethazine in fertility treatments?

A. Constipation

B. Pregnancy failure

C. Impaired fertility

D. Hemorrhage

Promethazine is an antihistamine often used to treat allergies, nausea, and other conditions. In the context of fertility treatments, its use can be particularly concerning when considering the potential effects on reproductive health. One of the significant risks associated with promethazine is its potential to impair fertility. This impairment can occur because antihistamines may interfere with the hormonal signals that regulate the menstrual cycle and ovulation, which can lead to issues with egg production. Furthermore, in treating women undergoing fertility treatments, the use of promethazine may suppress the body's natural reproductive hormones, thereby impacting ovarian function. Therefore, selecting promethazine as part of a fertility treatment plan could result in reduced chances of conception, making impaired fertility a pivotal concern in this context. Understanding how medications like promethazine interact with reproductive health is crucial for effective fertility treatment. It emphasizes the need for careful consideration of the therapeutic regime prescribed to patients who are trying to conceive.

10. Which education would the nurse provide the parents of a 4-year-old child with a new colostomy?

A. Restricting fluid intake

B. Instituting dietary restrictions

C. Encouraging physical activity

D. Inspecting the stoma once a day

Encouraging physical activity is an essential aspect of care for a child with a new colostomy. This recommendation promotes the child's overall health, aids in their psychological adjustment, and helps them maintain a sense of normalcy in life. Physical activity is important for children, as it supports their physical development and encourages social interactions with peers, which is crucial at this developmental stage. Incorporating regular physical activity can also assist with bowel function and contribute to overall well-being. While certain adjustments may be needed to ensure the child's safety during activities (such as protecting the stoma area), encouraging an active lifestyle is beneficial for a child's physical and emotional health post-operatively. The other options involve restrictions or specific precautions that may not foster a healthy adjustment period. For instance, restricting fluid intake or instituting dietary restrictions without proper guidance can adversely affect the child's health and growth. Regular stoma inspection is important, but limiting the focus on this aspect alone does not promote the child's engagement in a larger, holistic recovery and lifestyle adjustment process.

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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://hesimaternitypediaremediation.examzify.com

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

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