KAPLAN 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. **What size container is most appropriate for a school-aged child to collect a 24-hour urine specimen?**

   A. An 8-ounce jar

   B. A 16-ounce jar

   C. A 48-ounce jar

   D. A 128-ounce jar

2. **What is the most common cause of acute otitis media in children?**

   A. Influenza virus

   B. Streptococcus pneumoniae

   C. Haemophilus influenzae

   D. Respiratory syncytial virus

3. **Which type of diabetes is most commonly diagnosed in children?**

   A. Type 2 Diabetes Mellitus

   B. Type 1 Diabetes Mellitus

   C. Gestational Diabetes

   D. Maturity-Onset Diabetes of the Young (MODY)

4. **What is a common cause of abdominal pain in pediatric patients?**

   A. Appendicitis

   B. Gastroenteritis

   C. Gallstones

   D. Constipation

5. **During a home visit, which action by the parents is concerning for a child with a seizure disorder?**

   A. The child's temperature is taken using an oral electronic thermometer

   B. The child is encouraged to play with soft toys during daily bath time

   C. The parents make the child wear a helmet when riding a tricycle

   D. The parents make the child a peanut butter and jelly sandwich

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6. What physical sign may indicate that a toddler is experiencing separation anxiety?

A. Screaming when a parent leaves the room.

B. Smiling and waving at the parent.

C. Playing cooperatively without concern.

D. Independently engaging with the nurse.

7. Which finding suggests successful developmental progress for a 19-month-old?

A. Not walking independently

B. Drinking from a bottle

C. Pulling up to stand

D. Watching excessive television

8. At what stage of development do children typically begin to engage in parallel play?

A. 1 year

B. 2 years

C. 3 years

D. 4 years

9. What is the primary reason for the use of the Apgar score?

A. To assess developmental milestones

B. To evaluate newborn health immediately after birth

C. To determine vaccination needs

D. To diagnose congenital disorders

10. What is the best strategy for a nurse to prepare a school-age child for a cardiac catheterization?

A. Explain the long-term consequences of the procedure

B. Allow time for the child to manipulate the equipment

C. Wait until shortly before the procedure to explain it

D. Explain the procedure to parents only

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Answers

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

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Explanations

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1. What size container is most appropriate for a school-aged child to collect a 24-hour urine specimen?

A. An 8-ounce jar

B. A 16-ounce jar

C. A 48-ounce jar

D. A 128-ounce jar

The choice of a 48-ounce jar for collecting a 24-hour urine specimen is appropriate due to the volume of urine that a school-aged child is likely to produce over a full day. In general, the average urine output for children can range from about 1 to 2 ml per kg of body weight per hour, which can accumulate significantly over a 24-hour period. For instance, if a child weighs around 20 kg, the total urine output could range from approximately 480 ml to 960 ml in a day. This amount fits well within the capacity of a 48-ounce jar (which is roughly 1.5 liters or 1500 ml), making it a suitable option for ensuring that all urine can be collected without overflow or the need for frequent transfers to a larger container. A smaller container, such as an 8-ounce or 16-ounce jar, would likely be insufficient for collecting all the urine, resulting in the potential for lost specimens and the need for additional containers or transfers throughout the collection period. The larger 128-ounce jar would be unnecessarily large for a school-aged child, likely leading to storage and handling challenges. Therefore, the 48-ounce jar balances capacity and manageability, making it the best choice

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

A. Influenza virus

B. Streptococcus pneumoniae

C. Haemophilus influenzae

D. Respiratory syncytial virus

Streptococcus pneumoniae is recognized as the most common bacterial pathogen responsible for acute otitis media in children. This bacterium can colonize the nasopharynx and, under certain circumstances, ascend to the middle ear, leading to infection. It's notable that the anatomy of the pediatric Eustachian tube, which is shorter and more horizontal in infants and young children, makes them more susceptible to ear infections. When this bacterium proliferates in the middle ear, it can cause pain, fever, and irritability in the affected child, which prompts parents to seek medical attention. Other microorganisms can also cause acute otitis media, but they are less prevalent. The influenza virus and respiratory syncytial virus, while they can lead to upper respiratory infections that may predispose children to developing otitis media, are not the primary causative agents. Haemophilus influenzae was once a significant contributor before the widespread use of the Haemophilus influenzae type b vaccine, which has greatly reduced its incidence. Hence, Streptococcus pneumoniae stands out as the leading cause of acute otitis media in children today.

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3. Which type of diabetes is most commonly diagnosed in children?

A. Type 2 Diabetes Mellitus

B. Type 1 Diabetes Mellitus

C. Gestational Diabetes

D. Maturity-Onset Diabetes of the Young (MODY)

Type 1 Diabetes Mellitus is the most commonly diagnosed type of diabetes in children. This autoimmune condition leads to the destruction of insulin-producing beta cells in the pancreas, resulting in little to no insulin production. The onset typically occurs in childhood or adolescence, and symptoms often present abruptly, including excessive thirst, frequent urination, weight loss, and fatigue. In contrast, Type 2 Diabetes Mellitus, while increasingly seen in children, is more prevalent in adolescents and typically associated with obesity and lifestyle factors. Gestational Diabetes occurs during pregnancy and is not relevant for children. Maturity-Onset Diabetes of the Young (MODY) is a rare, genetic form of diabetes that generally presents later in life and is less common in the pediatric population. The distinguishing factors make Type 1 the predominant form of diabetes diagnosed in the younger age group, reinforcing the importance of awareness and early detection in pediatric patients.

4. What is a common cause of abdominal pain in pediatric patients?

A. Appendicitis

B. Gastroenteritis

C. Gallstones

D. Constipation

Gastroenteritis is a common cause of abdominal pain in pediatric patients primarily due to its prevalence as a viral or bacterial infection that leads to inflammation of the stomach and intestines. Children are particularly susceptible to infections that cause gastroenteritis, which can manifest with symptoms such as vomiting, diarrhea, and stomach cramps. The combination of inflammation and irritability of the gastrointestinal tract results in significant abdominal discomfort, making gastroenteritis a frequent diagnosis in pediatrics. While appendicitis, gallstones, and constipation can also cause abdominal pain, they are not as commonly encountered as gastroenteritis in pediatric populations. Appendicitis, although serious and requiring surgical intervention, has a narrower clinical presentation and is less frequent in younger children compared to gastroenteritis. Gallstones tend to occur more often in older children and adolescents, particularly those with certain risk factors. Constipation is a common issue, but it typically presents with more chronic pain patterns rather than the acute abdominal pain commonly associated with gastroenteritis.

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5. During a home visit, which action by the parents is concerning for a child with a seizure disorder?

A. The child's temperature is taken using an oral electronic thermometer

B. The child is encouraged to play with soft toys during daily bath time

C. The parents make the child wear a helmet when riding a tricycle

D. The parents make the child a peanut butter and jelly sandwich

Taking the child's temperature using an oral electronic thermometer raises significant concern for a child with a seizure disorder. Oral thermometers can be unsafe for children, especially those prone to seizures, due to the risk of biting and causing trauma to the mouth or throat during a seizure or even if they are just moving around unexpectedly. In contrast, using a helmet when riding a tricycle is a precautionary measure that helps protect the child from head injuries, which is particularly important for children with a seizure disorder. Encouraging play with soft toys during bath time minimizes risk of injury due to falls or seizures in a slippery environment. Making a peanut butter and jelly sandwich, while it may require monitoring for potential choking, does not inherently present a direct danger related to the management of the child's seizure disorder. Thus, the act of taking the temperature orally is the most concerning and requires careful consideration of safer alternatives.

6. What physical sign may indicate that a toddler is experiencing separation anxiety?

A. Screaming when a parent leaves the room.

B. Smiling and waving at the parent.

C. Playing cooperatively without concern.

D. Independently engaging with the nurse.

A toddler exhibiting separation anxiety is often characterized by distress when a primary caregiver leaves the room. This distress can manifest as screaming, crying, or clinging to the parent. The behavior is a natural response to the fear of being away from the parent, demonstrating the child's attachment to their caregiver and their struggle to cope with being apart. In contrast, smiling and waving indicates comfort and understanding that the parent will return, which does not align with the signs of separation anxiety. Similarly, playing cooperatively without concern or independently engaging with a nurse further suggests that the child is secure and unbothered by the absence of their caregiver. These behaviors signify confidence and a healthy sense of exploration, rather than the anxiety commonly associated with separation from a primary caregiver.

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7. Which finding suggests successful developmental progress for a 19-month-old?

A. Not walking independently

B. Drinking from a bottle

C. Pulling up to stand

D. Watching excessive television

Successful developmental progress for a 19-month-old can be indicated by the ability to pull up to stand. At this age, children are typically developing their gross motor skills and are expected to be able to pull themselves up to a standing position, which is a key milestone in the development of mobility and independence. Pulling up to stand shows not only strength and balance but also the readiness to learn more complex skills such as walking. This ability reflects a healthy engagement with activities that promote both physical development and exploration of their environment. Mastery of this skill also sets the stage for further motor skills, such as cruising along furniture and eventually walking independently. Drinking from a bottle, while a common behavior for toddlers, does not represent a significant milestone at this age, as many children are transitioning to cups. Not walking independently at 19 months is a sign that may require further evaluation, as many children are able to walk by 12-14 months. Watching excessive television does not correlate with developmental progress; rather, it may suggest a lack of engagement with physical activities or social interaction, which are crucial for a child's growth during this stage.

8. At what stage of development do children typically begin to engage in parallel play?

A. 1 year

B. 2 years

C. 3 years

D. 4 years

Children typically begin to engage in parallel play around the age of 2 years. At this stage of development, they play alongside other children but do not directly interact with them. This form of play is characterized by children playing with similar toys or engaging in similar activities but independently. Developmentally, this behavior reflects an important transition where children start to enjoy the presence of peers, yet they are still focused on their own play activities rather than collaborative interactions. As they grow older, especially around 3 and 4 years of age, they will increasingly participate in more interactive forms of play, such as associative play and cooperative play, where they share toys, take turns, and engage in structured play activities together.

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9. What is the primary reason for the use of the Apgar score?

A. To assess developmental milestones

B. To evaluate newborn health immediately after birth

C. To determine vaccination needs

D. To diagnose congenital disorders

The Apgar score is specifically designed to evaluate a newborn's health immediately after birth. This scoring system assesses five criteria: appearance (skin color), pulse (heart rate), grimace response (reflexes), activity (muscle tone), and respiration (breathing effort). Each of these categories receives a score from 0 to 2, with the total score ranging from 0 to 10. The primary purpose of the Apgar score is to provide a rapid assessment of a newborn's transition to life outside the womb and to identify any immediate needs for medical intervention. A low score may indicate that the baby requires assistance in breathing or other support. Therefore, the Apgar score is crucial for determining the well-being of a newborn right after birth, influencing the immediate care that may be necessary. Other choices do not align with the purpose of the Apgar score; assessing developmental milestones pertains to ongoing development rather than immediate health at birth, vaccination needs are determined later in childhood, and diagnosing congenital disorders requires more comprehensive evaluations beyond the scope of the Apgar score.

10. What is the best strategy for a nurse to prepare a school-age child for a cardiac catheterization?

A. Explain the long-term consequences of the procedure

B. Allow time for the child to manipulate the equipment

C. Wait until shortly before the procedure to explain it

D. Explain the procedure to parents only

Allowing a school-age child to manipulate the equipment can significantly ease anxiety and promote understanding of the cardiac catheterization procedure. This age group is generally curious and often learns well through hands-on experiences. By engaging the child in this way, the nurse not only demystifies the equipment but also helps the child gain a sense of control and comfort regarding what to expect during the procedure. Moreover, this approach aligns with the developmental stage of school-age children, who often benefit from experiential learning and interactive explanations. When children can see and touch the equipment, they are more likely to feel less fearful and more empowered during the process. Other strategies, while potentially helpful, may not be as effective in addressing the child's immediate emotional needs. For instance, explaining long-term consequences might overwhelm them, and waiting until shortly before the procedure to provide information could increase anxiety. Focusing solely on parents for explanations could also leave the child feeling excluded and anxious, rather than informed and prepared.

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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://kaplanpedia.examzify.com

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

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