NCLEX PEDIATRIC 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. **Vincristine chemotherapy may cause constipation; which dietary change is recommended?**

   A. High-residue diet

   B. Low-residue diet

   C. Low-fat diet

   D. High-calorie diet

2. **What precautions are recommended for a child with varicella (chickenpox) in school?**

   A. Continue attending school with gloves

   B. Stay home until lesions crusted; use standard/airborne precautions as advised

   C. Isolate at home without any precautions

   D. Wear a regular mask only

3. **Which statement correctly describes the difference between Ortolani and Barlow maneuvers?**

   A. Ortolani reduces the hip; Barlow dislocates it

   B. Ortolani dislocates the hip; Barlow reduces it

   C. Both maneuvers diagnose hip dysplasia in children under 6 months

   D. Both maneuvers are used to immobilize the hip

4. **In Kawasaki disease, fever for at least five days is accompanied by which sign?**

   A. Conjunctival injection

   B. Strabismus

   C. Shortness of breath

   D. Frequent urination

5. **In suspected bacterial meningitis, what is the critical initial action?**

   A. Obtain blood cultures and start empiric antibiotics after cultures

   B. Start antibiotics before cultures

   C. Perform lumbar puncture immediately without cultures

   D. Provide antipyretics and observe

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6. Why are droplet precautions essential when caring for a child with suspected meningitis?

A. To prevent contamination of drinking water

B. To prevent spread of respiratory droplets to others

C. To reduce fever

D. To improve hydration

7. For a child with viral pharyngitis, which statement aligns with appropriate care?

A. Antibiotics such as amoxicillin should be given

B. Antibiotics are not indicated for viral pharyngitis

C. Amoxicillin is preferred over acetaminophen for pain

D. Vaporizer therapy is contraindicated

8. Discharge teaching after a ventricular septal defect cardiac catheterization should include which precaution?

A. Restriction of activities for 3 weeks

B. Use of sponge baths until stitches removed

C. Use of prophylactic antibiotics before receiving any dental work

D. Maintenance of a pressure dressing until a return visit

9. A child with suspected appendicitis should have which initial action?

A. Obtain imaging studies

B. Start oral antibiotics

C. Observe at home

D. Urgent surgical consultation

10. In Legg-Calve-Perthes disease, what should the nurse expect to include in the plan of care?

A. Initiation of pain control measures, especially at night

B. Promotion of ambulation despite the child's discomfort

C. Prevention of flexion in the affected hip and knee

D. Avoidance of weight bearing on the head of the affected femur

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Answers

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

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Explanations

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1. Vincristine chemotherapy may cause constipation; which dietary change is recommended?

A. High-residue diet

B. Low-residue diet

C. Low-fat diet

D. High-calorie diet

Vincristine can slow bowel motility and cause constipation in children. A high-residue (high-fiber) diet provides more stool bulk and helps water stay in the stool, which promotes faster, easier passage through the intestines and prevents hard stools that are difficult to pass. Implementing this means including fiber-rich foods appropriate for the child, such as fruits with edible skins, vegetables, whole grains, beans, and bran cereals, while also ensuring adequate fluids to help the fiber work and prevent gas or cramping. Introduce fiber gradually to avoid discomfort. A low-residue diet would reduce fiber and worsen constipation, and a low-fat or high-calorie diet does not specifically address bowel movement regularity. So, the best option to counteract vincristine-related constipation is a high-residue diet.

2. What precautions are recommended for a child with varicella (chickenpox) in school?

A. Continue attending school with gloves

B. Stay home until lesions crusted; use standard/airborne precautions as advised

C. Isolate at home without any precautions

D. Wear a regular mask only

Varicella is highly contagious and spreads through airborne droplets and contact with vesicle fluid. Because a child with chickenpox can spread the virus from about one day before the rash appears until all lesions have crusted, the safest approach is for the child to stay home from school until the lesions are crusted over. When they return, follow standard precautions and airborne precautions as advised by the health plan or school nurse, since the virus can be transmitted through the air. Continuing to attend school with gloves or with a regular mask alone isn't enough to prevent spread, because airborne transmission can occur even with a mask, and gloves don't stop the airborne route. Isolating at home without proper precautions could still risk transmission if precautions aren't followed, and returning to school before crusting increases exposure to classmates. Staying home until crusting and then rejoining with appropriate precautions best protects others while the child recovers.

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3. Which statement correctly describes the difference between Ortolani and Barlow maneuvers?

A. Ortolani reduces the hip; Barlow dislocates it

B. Ortolani dislocates the hip; Barlow reduces it

C. Both maneuvers diagnose hip dysplasia in children under 6 months

D. Both maneuvers are used to immobilize the hip

The key idea is understanding what each test does to the hip in newborns. Barlow is provocative: with the hip flexed, adducted, and gentle posterior pressure, it tries to dislocate a hip that isn't securely seated in the socket. A hip that can be displaced is considered dislocatable, indicating instability. Ortolani, on the other hand, is corrective: with the thigh flexed and then abducted, gentle anterior pressure guides the femoral head back into the acetabulum. A palpable clunk as the head relocates signals that a previously dislocated hip can be reduced and is now seated. Therefore, the statement that Ortolani reduces the hip and Barlow dislocates it reflects the true actions of the maneuvers. These tests are used to screen for developmental hip dysplasia in infants, with positive signs indicating dislocation (Barlow) or relocation (Ortolani). They are not about immobilizing the hip, and while both are used to assess hip stability in early infancy, the essential difference lies in whether the maneuver tends to dislocate or reduce the hip.

4. In Kawasaki disease, fever for at least five days is accompanied by which sign?

A. Conjunctival injection

B. Strabismus

C. Shortness of breath

D. Frequent urination

In Kawasaki disease, fever lasting at least five days plus a group of mucocutaneous signs is used to make the diagnosis. One of the hallmark features that often accompanies the fever is bilateral conjunctival injection without exudate. This means both eyes appear very red, but there isn't pus or discharge, reflecting the inflammatory process of the disease affecting the eyes as part of the systemic vasculitis. The presence of conjunctival injection helps differentiate Kawasaki disease from simple conjunctivitis and points toward the pattern of findings seen in the syndrome. Remember that the diagnosis also looks for additional signs such as changes in the lips/mouth (like a strawberry tongue or cracked lips), extremity changes (swelling or redness of hands and feet), a polymorphous rash, and cervical lymphadenopathy. The other options—strabismus, shortness of breath, and frequent urination—do not align with the classic diagnostic features of Kawasaki disease.

5. In suspected bacterial meningitis, what is the critical initial action?

A. Obtain blood cultures and start empiric antibiotics after cultures

B. Start antibiotics before cultures

C. Perform lumbar puncture immediately without cultures

D. Provide antipyretics and observe

In suspected bacterial meningitis, acting fast to treat the infection while still gathering diagnostic information is the priority. The best initial step is to draw blood cultures and start empiric IV antibiotics after those cultures are obtained. This approach preserves the chance to identify the causative organism from the blood, which guides targeted therapy, while ensuring treatment begins promptly to reduce the risk of severe complications or death. Starting antibiotics before cultures can hinder culture yield and make it harder to pinpoint the exact organism. Performing a lumbar puncture right away without first obtaining blood cultures can delay antibiotics, and while CSF analysis is essential for diagnosis, it should not prevent rapid treatment. Providing antipyretics and simply observing does not address the life-threatening infection and can allow deterioration to occur.

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6. Why are droplet precautions essential when caring for a child with suspected meningitis?

A. To prevent contamination of drinking water

B. To prevent spread of respiratory droplets to others

C. To reduce fever

D. To improve hydration

Droplet precautions are used to stop transmission of infections that spread through respiratory droplets expelled when a person talks, coughs, or sneezes. In suspected meningitis, certain bacteria (such as meningococcus) can be carried in droplets and passed to others who are in close contact. By using masks, keeping the patient in a private room when possible, restricting visitors, and practicing strict hand hygiene, you create a barrier that prevents those droplets from reaching the eyes, nose, or mouth of others. This protection directly reduces the chance of spreading the illness to other children, healthcare workers, and family members. It's not about water contamination, fever, or hydration—the purpose is to prevent contagious droplets from moving between people.

7. For a child with viral pharyngitis, which statement aligns with appropriate care?

A. Antibiotics such as amoxicillin should be given

B. Antibiotics are not indicated for viral pharyngitis

C. Amoxicillin is preferred over acetaminophen for pain

D. Vaporizer therapy is contraindicated

Viral pharyngitis in a child is managed with supportive care rather than antibiotics. The body fights the virus on its own, so giving an antibiotic won't shorten the illness and can cause unnecessary side effects, plus it promotes antibiotic resistance. The best approach focuses on comfort and symptom relief: plenty of fluids, rest, and fever/pain control with acetaminophen (or ibuprofen if appropriate for age and condition). Throat comfort can also be helped with saline gargles when safe for the child and, if desired, humidified air to ease breathing and throat irritation. Vaporizer use isn't a required therapy and should be used with safety in mind to avoid burns or other hazards. If symptoms worsen, persist beyond a few days, or if there are signs suggestive of a bacterial infection, reassessment is needed for further evaluation and management.

8. Discharge teaching after a ventricular septal defect cardiac catheterization should include which precaution?

A. Restriction of activities for 3 weeks

B. Use of sponge baths until stitches removed

C. Use of prophylactic antibiotics before receiving any dental work

D. Maintenance of a pressure dressing until a return visit

The important idea here is preventing infective endocarditis in children with congenital heart disease who have had a catheterization or repair involving heart tissue or prosthetic material. Dental procedures can cause transient bacteremia, and that bacteria can seed abnormal heart tissue or prosthetic material, leading to a serious infection. Therefore, giving antibiotic prophylaxis before dental work is recommended to reduce this risk. That's why discharge teaching should emphasize having antibiotics prescribed and taken before dental procedures, and that the dentist should be informed about the child's CHD and recent catheterization or repair. Other precautions listed—like long activity restrictions, sponge baths, or keeping a pressure dressing—are not the preventive focus for this specific risk.

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9. A child with suspected appendicitis should have which initial action?

A. Obtain imaging studies

B. Start oral antibiotics

C. Observe at home

D. Urgent surgical consultation

Suspected appendicitis in a child is a surgical emergency. The most important first step is to involve a surgeon promptly so the child can be evaluated for possible appendectomy and prepared for operative management. Waiting for imaging or attempting home observation can allow the inflammation to progress, increasing the risk of perforation, abscess, peritonitis, and sepsis. Imaging studies, such as ultrasound, may be used to help confirm the diagnosis, and they can be pursued without delaying urgent surgical assessment, but they should not replace the need for timely surgical consultation. Starting antibiotics or keeping the child at home does not address the potential for a surgical emergency and can delay definitive treatment.

10. In Legg-Calve-Perthes disease, what should the nurse expect to include in the plan of care?

A. Initiation of pain control measures, especially at night

B. Promotion of ambulation despite the child's discomfort

C. Prevention of flexion in the affected hip and knee

D. Avoidance of weight bearing on the head of the affected femur

In Legg-Calve-Perthes disease, the focus of care is to protect the damaged femoral head while it revascularizes and remodels. The critical goal is to prevent deformity by keeping the femoral head from bearing weight, especially during the healing phase. This containment approach—limiting weight bearing on the affected hip and often using devices or positioning to keep the head centered in the acetabulum—helps the head maintain its shape and improves the chance of proper remodeling as blood flow returns. Pain control is helpful, but it doesn't address the risk of head deformation from loading the joint. Encouraging ambulation despite discomfort would add stress to the hip and worsen outcomes. Restricting flexion would not be appropriate because maintaining safe range of motion helps prevent stiffness and contractures. Thus, avoiding weight bearing on the head of the femur best aligns with the goal of protecting the joint during healing.

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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:

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

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