

PAEA PEDIATRICS END OF ROTATION (EOR) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://paeapediatricseor.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

SAMPLE

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.

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!

Questions

SAMPLE

- 1. What is the racial and gender predisposition for pyloric stenosis?**
 - A. Males and African Americans
 - B. Females and Caucasians
 - C. Males and Caucasians
 - D. Females and Hispanics
- 2. Which condition is NOT commonly associated with low reticulocyte counts?**
 - A. Iron deficiency anemia
 - B. Thalassemia
 - C. Hemolytic anemias
 - D. Chronic disease
- 3. When treating a child with acute lymphoblastic leukemia who has a Philadelphia chromosome, what additional medication may be used?**
 - A. Imatinib
 - B. Cyclophosphamide
 - C. Etoposide
 - D. Vincristine
- 4. A patient presents with fever, headache, and URI symptoms. What is the most likely diagnosis?**
 - A. Pertussis
 - B. Influenza
 - C. Atypical mycobacterial disease
 - D. COVID-19
- 5. What is a major complication associated with undescended testicles?**
 - A. Inguinal hernia
 - B. Testicular cancer
 - C. Fertility problems
 - D. Psycho-social issues

6. Which of the following is considered an adverse effect to penicillin that may lead to the use of ceftriaxone?
- A. Rash
 - B. Stomach upset
 - C. Anaesthesia
 - D. Fever
7. Which treatment is used for fungal infections in otitis externa?
- A. Ciprofloxacin
 - B. Aminoglycoside combination
 - C. Amphotericin B
 - D. Oral antibiotics
8. Cryptorchidism is most commonly seen in which population?
- A. Full-term infants
 - B. Premature infants
 - C. Adolescents
 - D. Older children
9. Which imaging study is typically required to confirm the diagnosis of appendicitis?
- A. X-ray
 - B. MRI
 - C. CT scan
 - D. Ultrasound
10. What is the characteristic murmur produced by a ventricular septal defect?
- A. High-pitched diastolic murmur
 - B. Harsh holosystolic murmur
 - C. Continuous machinery murmur
 - D. Prominent systolic ejection murmur

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What is the racial and gender predisposition for pyloric stenosis?

- A. Males and African Americans
- B. Females and Caucasians
- C. Males and Caucasians**
- D. Females and Hispanics

Pyloric stenosis is a condition that causes obstruction at the outlet of the stomach due to hypertrophy of the pylorus, leading to projectile vomiting and dehydration in infants. The condition has a well-documented racial and gender predisposition. Research indicates that pyloric stenosis predominantly affects males more than females, with a ratio of about 3:1 to 6:1, making it significantly more common in boys. Additionally, the condition has a higher incidence in Caucasian populations compared to other racial groups. While it can occur in any racial or ethnic background, the pronounced predisposition in Caucasian infants, particularly male infants, is a key characteristic. This information aligns with the choice that states males and Caucasians are the demographic most commonly affected by pyloric stenosis, underpinning the correct answer. Understanding these demographic patterns is important for healthcare providers in recognizing potential cases promptly in the appropriate patient population.

2. Which condition is NOT commonly associated with low reticulocyte counts?

- A. Iron deficiency anemia
- B. Thalassemia
- C. Hemolytic anemias**
- D. Chronic disease

The characteristic of low reticulocyte counts is primarily associated with conditions that involve underproduction of red blood cells. In hemolytic anemias, the body actively destroys red blood cells, which stimulates increased erythropoiesis and typically results in elevated reticulocyte counts as the bone marrow responds to the decrease in circulating red blood cells. In contrast, conditions such as iron deficiency anemia, thalassemia, and anemia of chronic disease are linked to inadequate red blood cell production. In these instances, the bone marrow is either not able to produce enough red blood cells or there is a lack of necessary substrates needed for red blood cell production. Therefore, these conditions reflect low reticulocyte counts as the marrow does not respond adequately to the anemia due to either iron deficiency, ineffective erythropoiesis (as seen in thalassemia), or chronic inflammatory states (as seen in anemia of chronic disease). This response highlights the relationship between reticulocyte production and the body's ability to stimulate red blood cell generation under various pathological conditions.

3. When treating a child with acute lymphoblastic leukemia who has a Philadelphia chromosome, what additional medication may be used?

- A. Imatinib**
- B. Cyclophosphamide
- C. Etoposide
- D. Vincristine

The presence of the Philadelphia chromosome in a child with acute lymphoblastic leukemia (ALL) indicates a specific genetic alteration that involves the BCR-ABL fusion gene, which leads to the production of an active tyrosine kinase. This mutation is often associated with a poorer prognosis in ALL. Imatinib is a targeted therapy that specifically inhibits the activity of the BCR-ABL tyrosine kinase, making it an effective treatment option for patients with this chromosomal abnormality. Using imatinib in conjunction with standard chemotherapy can improve the response rates and overall outcomes for pediatric patients with Philadelphia chromosome-positive ALL. The targeted nature of imatinib allows for a more precise approach to treatment compared to traditional chemotherapeutics, which may not adequately address the underlying genetic drivers of the disease. The other medications listed have different roles in the treatment of leukemia but do not specifically target the BCR-ABL mutation. For instance, cyclophosphamide and etoposide are both chemotherapeutic agents that are part of the broader treatment regimens for ALL, but they do not directly inhibit the abnormal tyrosine kinase produced by the Philadelphia chromosome. Vincristine is also a common chemotherapy medication used in the treatment of ALL but similarly does not specifically

4. A patient presents with fever, headache, and URI symptoms. What is the most likely diagnosis?

- A. Pertussis
- B. Influenza**
- C. Atypical mycobacterial disease
- D. COVID-19

The presentation of fever, headache, and upper respiratory tract infection (URI) symptoms aligns closely with influenza. Influenza commonly manifests with systemic symptoms such as fever and headache, along with respiratory symptoms like a cough, sore throat, and nasal congestion. This condition is characterized by its abrupt onset and will often peak rapidly, which fits the scenario described. While COVID-19 can also present with similar symptoms, its range of symptoms and sometimes milder presentation can make it less definitive compared to influenza during certain seasons when influenza is more prevalent. Additionally, while pertussis may cause a cough and respiratory symptoms, it typically has a catarrhal phase followed by paroxysmal coughing, which does not match the initial presentation of straightforward URI symptoms. Atypical mycobacterial disease, while causing non-specific symptoms, is less common in this context and would not typically present with such acute URI symptoms. Thus, influenza is the most likely diagnosis based on the symptoms described.

5. What is a major complication associated with undescended testicles?

- A. Inguinal hernia
- B. Testicular cancer**
- C. Fertility problems
- D. Psycho-social issues

The major complication associated with undescended testicles is the increased risk of testicular cancer. When the testicles do not descend into the scrotum, they remain located inside the abdomen or inguinal canal, which exposes them to different temperatures and environmental factors that can affect their development. Studies have shown that individuals with a history of undescended testicles (cryptorchidism) have a higher incidence of testicular cancer later in life, especially if the condition is not corrected by surgery. Additionally, the likelihood of testicular cancer increases further if the undescended testicle is located in the abdomen rather than the inguinal canal. The importance of early surgical intervention, typically performed during infancy, not only addresses the anatomical issue but also mitigates the long-term risk of malignancies associated with undescended testicles. While conditions such as inguinal hernia, fertility problems, and psycho-social issues can also be associated with undescended testicles, the specific and significant link to testicular cancer highlights why this complication is particularly emphasized in clinical practice and pediatric training.

6. Which of the following is considered an adverse effect to penicillin that may lead to the use of ceftriaxone?

- A. Rash**
- B. Stomach upset
- C. Anaesthesia
- D. Fever

Rash is a well-known adverse effect associated with penicillin use. Various types of skin reactions can occur, ranging from mild rashes to more severe conditions, such as Stevens-Johnson syndrome, particularly in individuals with a history of allergies or other sensitivities. In pediatric patients, a rash can lead healthcare providers to reconsider the use of penicillin, especially if there's a known allergy or a previous adverse reaction. Ceftriaxone may be chosen as an alternative antibiotic because it belongs to a different class of antibiotics (cephalosporins) and is less likely to induce similar allergic responses in patients who have experienced a rash from penicillin. This helps minimize the risk of further allergic reactions while ensuring that the patient can still receive effective antibiotic therapy. Other adverse effects like stomach upset, anaesthesia, and fever can occur but are not primary reasons for switching from penicillin to ceftriaxone. Stomach upset may be simply a gastrointestinal side effect without implication of an allergic reaction. Anaesthesia does not correlate with the pharmacological effects or adverse reactions of penicillin. Fever may indicate an infection or a secondary reaction but does not directly necessitate the switch to ceftriaxone as an immediate response to penicillin use.

7. Which treatment is used for fungal infections in otitis externa?

- A. Ciprofloxacin
- B. Aminoglycoside combination
- C. Amphotericin B**
- D. Oral antibiotics

Amphotericin B is a suitable treatment for fungal infections in otitis externa, particularly in cases where the infection is caused by one of the more common fungal pathogens, such as Candida or Aspergillus species. This antifungal medication works by binding to ergosterol, a key component of fungal cell membranes, leading to increased permeability and ultimately causing cell death. In contrast, the other options provided are primarily used for bacterial infections rather than fungal ones. Ciprofloxacin, for example, is a fluoroquinolone antibiotic targeting bacterial pathogens, and aminoglycoside combinations are also antibiotics effective primarily against bacteria. Oral antibiotics are used for systemic bacterial infections rather than localized fungal infections in the ear. Therefore, Amphotericin B is the most appropriate choice for treating fungal infections in otitis externa due to its specific antifungal action.

8. Cryptorchidism is most commonly seen in which population?

- A. Full-term infants
- B. Premature infants**
- C. Adolescents
- D. Older children

Cryptorchidism, or undescended testes, is most commonly observed in premature infants. This condition arises when one or both of the testes fail to descend into the scrotum during fetal development, which is more prevalent in those born before 37 weeks of gestation. The incidence of cryptorchidism is significantly higher in preterm neonates compared to full-term infants, primarily due to the lack of sufficient hormonal and physical factors that facilitate testicular descent. In full-term infants, the rate of cryptorchidism decreases significantly as the testicles are more likely to be descended at birth. Older children and adolescents typically present with issues related to previously undiagnosed cryptorchidism, but the condition itself originates during infancy, especially surrounding birth periods in those born prematurely. Therefore, understanding the relationship between gestational age and the risk of cryptorchidism highlights why premature infants are the most affected population.

9. Which imaging study is typically required to confirm the diagnosis of appendicitis?

- A. X-ray
- B. MRI
- C. CT scan**
- D. Ultrasound

The CT scan is commonly recognized as the most definitive imaging study for diagnosing appendicitis due to its high sensitivity and specificity. When a patient presents with symptoms suggestive of appendicitis, a CT scan can provide detailed images of the abdominal organs and structures, allowing clear visualization of the appendix. It is particularly effective in identifying an inflamed appendix and any associated complications, such as abscess formation or perforation. In clinical practice, a CT scan is often preferred, especially in adults, because it can help confirm the diagnosis in ambiguous cases and guide further management. While ultrasound and MRI may also play a role in specific situations—particularly in pediatric patients or pregnant women where radiation exposure from a CT scan is a concern—the CT scan remains the standard for adults due to its comprehensive diagnostic capabilities.

10. What is the characteristic murmur produced by a ventricular septal defect?

- A. High-pitched diastolic murmur
- B. Harsh holosystolic murmur**
- C. Continuous machinery murmur
- D. Prominent systolic ejection murmur

A ventricular septal defect (VSD) is a congenital heart condition where there is a defect or hole in the ventricular septum, which separates the left and right ventricles of the heart. The characteristic murmur associated with a VSD is a harsh holosystolic (or pansystolic) murmur, which occurs throughout the entire systole of the cardiac cycle. This murmur is produced because blood flows from the higher-pressure left ventricle through the defect into the lower-pressure right ventricle, creating turbulent flow. The term "holosystolic" indicates that the murmur can be heard from the onset of ventricular contraction until its end, making it distinctive and easy for clinicians to identify upon auscultation. The harsh quality of the murmur is due to the rapid passage of blood through the defect, typically contributing to its loudness. Other types of murmurs mentioned in the options are associated with different cardiac conditions. For example, a high-pitched diastolic murmur might suggest regurgitation across an incompetent valve, a continuous machinery murmur is classic for patent ductus arteriosus, and a prominent systolic ejection murmur indicates increased blood flow across the outflow tract of the heart, such

SAMPLE

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://paeapediatricseor.examzify.com>

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

SAMPLE