PEDIATRIC ATI 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. **What intervention should a nurse include in the care plan for a school-age child in the oliguric phase of acute kidney injury with a sodium level of 129 mEq/L?**

   A. Encourage increased oral fluid intake.

   B. Initiate seizure precautions for the child.

   C. Administer sodium supplements as needed.

   D. Monitor urine output closely.

2. **What is the appropriate intervention for a child with swollen, painful joints diagnosed with rheumatic fever?**

   A. Encourage ice application to the joints

   B. Administer anti-inflammatory medication

   C. Monitor joint swelling without intervention

   D. Utilize physical therapy immediately

3. **What is an effective instruction to include for parents of a toddler with cognitive impairment about toilet training?**

   A. Set a strict schedule for bathroom breaks

   B. Provide praise for every successful attempt

   C. Award your child with a sticker when they sit on the potty chair

   D. Encourage frequent fluid intake during toilet training

4. **What is an important consideration for a nurse when providing care to a child with asthma?**

   A. Limiting fluids

   B. Regular peak flow monitoring

   C. Keeping the child indoors at all times

   D. Encouraging physical activity exclusively inside

5. **How should the nurse identify a toddler before administering furosemide?**

   A. Ask the child to state her name.

   B. Ask the pharmacy for the child's room number.

   C. Ask the child to state her birthday.

   D. Ask the guardian to verify the child's name.

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6. What indicates that a child might be developing diabetes insipidus after a head injury?

A. Urine specific gravity of 1.045

B. Sodium level of 155 mEq/L

C. Blood glucose of 45 mg/dL

D. Urine output of 35 mL/hr

7. During a well-child visit for a 6-month-old infant, which finding indicates the need for further assessment?

A. Grabs feet and pulls them to her mouth

B. Posterior fontanel is closed

C. Legs remain crossed and extended when supine

D. Birth weight has doubled

8. What is an expected finding for a 12-month-old infant based on their birth data?

A. The infant weighs 6.4 kg (14 lb)

B. The infant is 101.6 cm (40 in) long

C. The infant is 76.2 cm (30 in) long

D. The infant weighs 14.5 kg (32 lb)

9. After a successful intervention with prednisone, what change might be observed in a child with nephrotic syndrome?

A. Increased perspiration.

B. Greater oral intake.

C. Decreased blood pressure.

D. Reduction of protein loss in urine.

10. When caring for a child who has ingested bleach, what understanding should the nurse demonstrate?

A. Absence of oral burns excludes esophageal burns.

B. Treatment focuses on neutralization of the chemical.

C. Corrosive liquid injury is less extensive than solids.

D. Immediate administration of activated charcoal is warranted.

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Answers

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

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Explanations

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1. What intervention should a nurse include in the care plan for a school-age child in the oliguric phase of acute kidney injury with a sodium level of 129 mEq/L?

A. Encourage increased oral fluid intake.

B. Initiate seizure precautions for the child.

C. Administer sodium supplements as needed.

D. Monitor urine output closely.

In the context of a school-age child in the oliguric phase of acute kidney injury, where the sodium level is notably low at 129 mEq/L, initiating seizure precautions is a critical safety intervention. This low sodium level indicates hyponatremia, which can significantly affect neurological function and increase the risk of seizures. Seizures can occur in response to rapid changes in sodium levels, and safety measures such as ensuring a safe environment and being prepared to manage seizures if they occur become paramount. Implementing seizure precautions means that the healthcare team must take steps to protect the child from injury should a seizure occur. This includes ensuring a clear area, lowering the bed, padding side rails, and having emergency medications available if needed. By focusing on this intervention, the care plan addresses immediate safety concerns associated with the child's condition. Other potential interventions may involve careful monitoring of fluid intake and output, electrolyte management, and providing appropriate nutritional support; however, the pressing need to protect the child from the risks associated with hyponatremia is prioritized by sequencing seizure precautions in this scenario.

2. What is the appropriate intervention for a child with swollen, painful joints diagnosed with rheumatic fever?

A. Encourage ice application to the joints

B. Administer anti-inflammatory medication

C. Monitor joint swelling without intervention

D. Utilize physical therapy immediately

The intervention that is appropriate for a child with swollen, painful joints diagnosed with rheumatic fever is to administer anti-inflammatory medication. This is essential because rheumatic fever can lead to significant inflammation and pain in the joints, known as migratory arthritis. Anti-inflammatory medications, such as aspirin or other non-steroidal anti-inflammatory drugs (NSAIDs), can help reduce inflammation, alleviate pain, and prevent further joint damage. Managing the condition with medications not only addresses the immediate issue of joint swelling and pain but also helps improve the child's overall comfort and functionality. This intervention aligns with the approach to treating rheumatic fever, which focuses on both symptom relief and preventing complications, such as carditis, that can arise from the underlying inflammatory response. While applying ice may provide some comfort, it does not address the need for adequate anti-inflammatory treatment necessary in this context. Monitoring joint swelling without intervention does not provide the relief needed for the child's condition, and starting physical therapy should typically occur after ensuring that the inflammation is adequately controlled.

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3. What is an effective instruction to include for parents of a toddler with cognitive impairment about toilet training?

A. Set a strict schedule for bathroom breaks

B. Provide praise for every successful attempt

C. Award your child with a sticker when they sit on the potty chair

D. Encourage frequent fluid intake during toilet training

Providing rewards, such as stickers, for attempts at using the potty chair can be an effective strategy for toilet training a toddler with cognitive impairment. This approach leverages positive reinforcement, which is crucial for encouraging desired behaviors in young children. When children receive a tangible reward, such as a sticker, it can motivate them to engage in the behavior more frequently, thus reinforcing their efforts towards achieving successful toilet training. Using rewards works particularly well for toddlers with cognitive impairments, as they may benefit from clear, simple reinforcement that is visually appealing and easy to understand. Stickers serve as a fun and motivating incentive, helping to build the child's confidence and enthusiasm about toilet training. In terms of the other options, while setting a strict schedule for bathroom breaks and encouraging frequent fluid intake may have their place in toilet training, they may not effectively address the individual needs of a toddler with cognitive impairment. Additionally, while providing praise for successful attempts is beneficial, it can be more effective when paired with a tangible reward that the child can see and understand. Therefore, using a sticker system aligns well with the principles of positive reinforcement, offering immediate and recognizable feedback for the child.

4. What is an important consideration for a nurse when providing care to a child with asthma?

A. Limiting fluids

B. Regular peak flow monitoring

C. Keeping the child indoors at all times

D. Encouraging physical activity exclusively inside

Regular peak flow monitoring is crucial in managing asthma in children. This practice allows for the assessment of lung function and helps identify any changes in the child's condition. By tracking peak expiratory flow rates, caregivers can recognize early signs of worsening asthma that may require intervention, such as medication adjustments or seeking additional medical advice. This proactive approach promotes better asthma management and can significantly reduce the risk of severe asthma attacks. Other options, while they may seem relevant, do not provide the same level of direct benefit for managing asthma. Limiting fluids can be counterproductive as hydration is important for overall health and can support optimal respiratory function. Keeping a child indoors at all times is impractical and may lead to isolation or lack of physical activity, which can negatively impact their overall health and well-being. Encouraging physical activity exclusively indoors limits opportunities for exercise that can be beneficial in managing asthma symptoms, as outdoor activities can often be performed safely with appropriate precautions in place.

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5. How should the nurse identify a toddler before administering furosemide?

A. Ask the child to state her name.

B. Ask the pharmacy for the child's room number.

C. Ask the child to state her birthday.

D. Ask the guardian to verify the child's name.

To ensure patient safety and correct medication administration, it is essential to accurately identify the patient. In the context of a toddler, who may not have the cognitive ability or verbal skills to reliably state their own name or birthday, relying on a guardian for verification is more appropriate. Asking the guardian to verify the child's name provides an additional layer of safety. As guardians are likely to have immediate knowledge of the child's identification details, this method minimizes the risk of misidentification that could lead to administering medication to the wrong patient. In contrast, asking the child to state her name or birthday may not be effective due to the child's developmental stage, as toddlers often cannot articulate this information reliably. Similarly, requesting the pharmacy to provide the child's room number does not directly confirm the child's identity and could lead to errors if the information is misinterpreted or not accurately conveyed.

6. What indicates that a child might be developing diabetes insipidus after a head injury?

A. Urine specific gravity of 1.045

B. Sodium level of 155 mEq/L

C. Blood glucose of 45 mg/dL

D. Urine output of 35 mL/hr

A sodium level of 155 mEq/L indicates hypernatremia, which is a significant sign that a child may be developing diabetes insipidus, especially following a head injury. Diabetes insipidus is characterized by excessive urination and thirst due to the lack of antidiuretic hormone (ADH), which is often a consequence of injury to the hypothalamus or pituitary gland. In the context of diabetes insipidus, increased urine output leads to the loss of water and results in a higher concentration of sodium in the blood, thus elevating serum sodium levels. A sodium level greater than 145 mEq/L typically signifies hypernatremia. Other indicators, such as urine specific gravity, blood glucose levels, and urine output, do not specifically point towards the diagnosis of diabetes insipidus in this scenario. For example, a urine specific gravity of 1.045 would usually indicate concentrated urine, not the dilute urine expected in diabetes insipidus. A blood glucose level of 45 mg/dL indicates hypoglycemia, which is not directly related to diabetes insipidus. Lastly, a urine output of 35 mL/hr does not denote the excessive diuresis typically associated with the condition. Therefore,

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7. During a well-child visit for a 6-month-old infant, which finding indicates the need for further assessment?

A. Grabs feet and pulls them to her mouth

B. Posterior fontanel is closed

C. Legs remain crossed and extended when supine

D. Birth weight has doubled

The finding indicating the need for further assessment in a 6-month-old infant is when the legs remain crossed and extended while in a supine position. This presentation could suggest potential developmental delays or neurological concerns, as by this age, infants typically exhibit increased muscle tone and mobility. Most infants will demonstrate a level of motor development where they can bend their legs and kick them while lying down. In contrast, the other findings reflect typical developmental milestones for this age. Grabbing feet and pulling them to the mouth indicates normal gross motor skill progression and self-exploration. The closure of the posterior fontanel is developmentally appropriate, as it usually closes by 2 to 3 months. Doubling the birth weight is a significant growth milestone expected around 5 to 6 months of age, further affirming proper growth and nutritional status. Thus, the concern should primarily focus on the abnormal extension and crossing of the legs, which warrants further evaluation.

8. What is an expected finding for a 12-month-old infant based on their birth data?

A. The infant weighs 6.4 kg (14 lb)

B. The infant is 101.6 cm (40 in) long

C. The infant is 76.2 cm (30 in) long

D. The infant weighs 14.5 kg (32 lb)

The expected finding for a 12-month-old infant is a length of 76.2 cm (30 inches). At one year of age, infants typically grow to about 50% longer than their birth length. Since the average newborn is around 20 inches long at birth, counting forward, a length of approximately 30 inches aligns with developmental expectations for this age. This measurement reflects normal growth patterns and developmental milestones typically seen in infants. The other choices present measurements that are either lower or significantly higher than what would be expected for a 12-month-old. For example, a weight of 6.4 kg (14 lb) would be much less than the average for infants at this age, and 101.6 cm (40 in) is unusually tall for a one-year-old, falling outside the range of typical growth patterns. A weight of 14.5 kg (32 lb) for a one-year-old also surpasses the average weight expectations for this age group, indicating that it does not fit within the normative growth parameters either.

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9. After a successful intervention with prednisone, what change might be observed in a child with nephrotic syndrome?

A. Increased perspiration.

B. Greater oral intake.

C. Decreased blood pressure.

D. Reduction of protein loss in urine.

In nephrotic syndrome, the kidneys leak excessive amounts of protein into the urine, leading to symptoms such as edema, low protein levels in the blood, and increased susceptibility to infections. Prednisone is a corticosteroid that helps reduce inflammation and suppress the immune response, both of which can play a role in the underlying cause of nephrotic syndrome. After a successful intervention with prednisone, one would observe a reduction in protein loss in the urine. This improvement occurs because prednisone helps to decrease the permeability of the glomerular membranes in the kidneys, resulting in fewer proteins leaking into the urine. As the protein levels normalize, the child is likely to show improvement in other symptoms associated with nephrotic syndrome, such as edema and overall health status. The other options do not directly relate to the expected results of prednisone treatment for nephrotic syndrome. Increased perspiration and greater oral intake are not primary indicators of the treatment's effectiveness in managing the condition. Additionally, while corticosteroids can influence blood pressure, a decrease in blood pressure is not a typical or direct outcome of prednisone therapy for nephrotic syndrome. Thus, the prominent change observed following adequate treatment with prednisone would be the reduction of protein loss in the urine.

10. When caring for a child who has ingested bleach, what understanding should the nurse demonstrate?

A. Absence of oral burns excludes esophageal burns.

B. Treatment focuses on neutralization of the chemical.

C. Corrosive liquid injury is less extensive than solids.

D. Immediate administration of activated charcoal is warranted.

The focus of treatment for a child who has ingested bleach should center on protecting the airway and mitigating the harmful effects of the chemical rather than attempting to neutralize it. Because bleach is a corrosive substance, trying to neutralize it could lead to further injury or complications. This aligns with the best practices in managing caustic ingestions, where the priority often includes preventing further damage and ensuring the child's safety, rather than direct treatment of the ingested substance itself. Ingestion of bleach typically requires supportive care and monitoring rather than any form of chemical neutralization. Nurses should be aware that treating such cases generally relies on maintaining the airway and potentially providing symptomatic support, thus highlighting the importance of understanding the appropriate protocols in these acute situations.

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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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