

PEDIATRIC EDUCATION FOR PREHOSPITAL PROFESSIONALS (PEPP) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE**

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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	15

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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.

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

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1. What is the pediatric dose for dextrose when treating hypoglycemia?
 - A. 5-10 mL/kg
 - B. 1-2 mL/kg
 - C. 0.5-1 mL/kg
 - D. 20 mL/kg
2. What is the most common cause of seizures in children?
 - A. Fever
 - B. Head injury
 - C. Electrolyte imbalance
 - D. Infection
3. For a seizure in a child, which route is used for midazolam administration in prehospital care?
 - A. Intranasal
 - B. Intravenous
 - C. Oral
 - D. Intramuscular
4. The Pediatric Assessment Triangle (PAT) is used to quickly determine a child's overall status.
 - A. It is used to guide full diagnostic testing at the scene
 - B. It is used to quickly determine a child's overall status
 - C. It assesses only respiratory status
 - D. It is used only in hospital settings
5. If a 12 kg child in asystole/PEA receives epinephrine, what is the total dose?
 - A. 0.12 mg
 - B. 0.012 mg
 - C. 1.2 mg
 - D. 0.0012 mg

- 6. Nebulized epinephrine is used for which condition?**
- A. Croup
 - B. Asthma attack
 - C. Anaphylaxis
 - D. Pneumonia
- 7. In compensated hypovolemic shock, what is the expected systolic blood pressure?**
- A. Normal
 - B. Low
 - C. High
 - D. Variable
- 8. Which arrhythmia is suggested by a rapid heart rate with a regular rhythm in an infant?**
- A. Supraventricular tachycardia
 - B. Ventricular tachycardia
 - C. Atrial fibrillation
 - D. Sinus tachycardia
- 9. What does a length-based resuscitation tape help you estimate about a child?**
- A. Their height and weight
 - B. Their age and weight
 - C. Their head circumference and height
 - D. Their height and age
- 10. How should you treat a child with circumferential burns from coffee or hot water?**
- A. IN Fentanyl
 - B. IM Morphine
 - C. IV Fluids Only
 - D. Oral Acetaminophen

Answers

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

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Explanations

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1. What is the pediatric dose for dextrose when treating hypoglycemia?

- A. 5-10 mL/kg**
- B. 1-2 mL/kg
- C. 0.5-1 mL/kg
- D. 20 mL/kg

In pediatric hypoglycemia you treat with a fixed amount of glucose scaled to the child's weight: 0.5 g of dextrose per kilogram of body weight. When using a 10% dextrose solution, that translates to about 5 mL per kilogram (since 10% dextrose is 0.1 g per mL, and $0.5 \text{ g/kg} \div 0.1 \text{ g/mL} = 5 \text{ mL/kg}$). In practice, many EMS and PEPP-style guidelines present a range of 5–10 mL/kg to account for slight concentration differences and the need to reassess after the bolus. So the listed volume range aligns with delivering the target 0.5 g/kg dose using commonly available concentrations. If you know the exact concentration, you can adjust precisely: 2 mL/kg of 25% dextrose also delivers 0.5 g/kg, or 1 mL/kg of 50% dextrose delivers 0.5 g/kg.

2. What is the most common cause of seizures in children?

- A. Fever**
- B. Head injury
- C. Electrolyte imbalance
- D. Infection

Fever is the most common trigger for seizures in children, especially during viral illnesses in the age range roughly 6 months to 5 years. These febrile seizures occur when a fever is present and the immature nervous system is more prone to convulsing; they're typically brief and generalized and do not imply epilepsy. That makes fever the leading cause among pediatric seizures. Other causes like head injury, electrolyte disturbances, or infections can provoke seizures, but they are far less common overall compared with febrile seizures in this population. In practice, a child with a fever who has a seizure is most often experiencing a febrile seizure, and management centers on protecting the airway and circulation, controlling the fever, and evaluating for serious conditions only if red flags appear.

3. For a seizure in a child, which route is used for midazolam administration in prehospital care?

- A. Intranasal**
- B. Intravenous
- C. Oral
- D. Intramuscular

In prehospital pediatric seizures, delivering a benzodiazepine in a noninvasive, rapid-acting way is essential. Intranasal midazolam fits that need because the nasal mucosa allows quick absorption, producing a rapid onset without the need to secure IV access. This is particularly important when a child is actively seizing and is difficult to cannulate, reducing the time to seizure control and avoiding the pain and distress of injections. Oral administration is unreliable during a seizure due to risk of aspiration and unpredictable absorption. Intravenous access, while effective, can be hard to obtain in the field during an active seizure. Intramuscular administration can work but involves a painful injection and can have slower onset or variable absorption compared with intranasal delivery. Therefore intranasal midazolam is favored for the prehospital management of seizures in children.

4. The Pediatric Assessment Triangle (PAT) is used to quickly determine a child's overall status.

- A. It is used to guide full diagnostic testing at the scene
- B. It is used to quickly determine a child's overall status**
- C. It assesses only respiratory status
- D. It is used only in hospital settings

PAT is a rapid triage tool to determine a child's overall status by quickly assessing three domains: appearance, work of breathing, and circulation to the skin. This trio provides a fast snapshot of how ill a child is and helps you prioritize interventions and transport decisions right away. It isn't meant to replace full diagnostic testing at the scene; instead, it guides immediate priorities based on the child's initial condition. Because it includes appearance and perfusion, it covers more than just respiratory status. And it's designed for use in prehospital and emergency settings, not only in hospitals, to quickly identify children who are deteriorating versus those who are relatively stable.

5. If a 12 kg child in asystole/PEA receives epinephrine, what is the total dose?

- A. 0.12 mg**
- B. 0.012 mg
- C. 1.2 mg
- D. 0.0012 mg

In pediatric CPR, epinephrine is given at 0.01 mg per kilogram per dose IV/IO, repeated every 3–5 minutes. For a 12 kg child, that dose is $0.01 \text{ mg/kg} \times 12 \text{ kg} = 0.12 \text{ mg}$ per dose. So the total dose is 0.12 mg. If you're thinking in terms of dilution, the common IV/IO preparation is 1:10,000 epinephrine (0.1 mg/mL). That means 0.12 mg corresponds to about 1.2 mL of that solution, but the mass dose you're reporting here is 0.12 mg. The other numbers represent doses that are tenfold or hundredfold off from the correct 0.12 mg.

6. Nebulized epinephrine is used for which condition?

- A. Croup**
- B. Asthma attack
- C. Anaphylaxis
- D. Pneumonia

Nebulized epinephrine is used in croup because its rapid alpha-adrenergic effect constricts the swollen mucosa in the subglottic airway, which quickly reduces airway edema and improves airway diameter. This produces prompt relief of stridor and work of breathing in moderate to severe croup, with the effect fading as the drug wears off, so patients are monitored for potential rebound swelling. It is not a standard treatment for pneumonia, which is managed with fluids, antibiotics if indicated, and supportive care. For asthma, the usual approach is inhaled bronchodilators such as albuterol and steroids rather than nebulized epinephrine, and for anaphylaxis the priority is systemic epinephrine given intramuscularly or intravenously, not nebulized.

7. In compensated hypovolemic shock, what is the expected systolic blood pressure?

A. Normal

B. Low

C. High

D. Variable

In compensated hypovolemic shock, the body's immediate response preserves arterial pressure even as volume is lost. The heart rate rises and blood vessels constrict, which helps maintain mean arterial pressure and perfusion. Because of this compensation, the systolic blood pressure can stay within the normal range in the early stage, even though the patient is hemorrhaging. You'll often see a rapid pulse and other signs of shock, and the pulse pressure may narrow due to vasoconstriction, but the systolic value itself can remain normal. Only if compensation fails does the systolic pressure begin to drop toward hypotension.

8. Which arrhythmia is suggested by a rapid heart rate with a regular rhythm in an infant?

A. Supraventricular tachycardia

B. Ventricular tachycardia

C. Atrial fibrillation

D. Sinus tachycardia

Rapid, regular tachycardia in an infant most often points to a supraventricular tachycardia. The key clue is a very fast but steady rhythm, usually with a narrow QRS complex and no clearly visible P waves because they're often buried in the QRS or aligned in a way that makes them hard to see. In infants, a rate above roughly 220 beats per minute during rest is a classic threshold suggesting SVT, most commonly AV nodal reentrant tachycardia. If the rhythm were ventricular tachycardia, you'd expect a wide, abnormal QRS and a rhythm that can be regular but is generated from the ventricles rather than the atrioventricular node. Atrial fibrillation would produce an irregularly irregular rhythm with no single predictable rate. Sinus tachycardia, while it can be fast, keeps normal P waves and a rhythm that follows physiologic cues (like fever or stress) and usually isn't sustained at such extreme rates.

9. What does a length-based resuscitation tape help you estimate about a child?

A. Their height and weight

B. Their age and weight

C. Their head circumference and height

D. Their height and age

In pediatric resuscitation, size matters for both drug dosing and equipment. A length-based resuscitation tape uses a child's length (their height) to estimate their weight. From that estimated weight, you can quickly choose appropriate medication dosages and gear sizes. So this tool provides a readout that effectively covers height (length) and weight. It doesn't directly estimate age or head circumference, which aren't reliable for dosing in emergencies. For example, reading a length that falls into a certain color zone gives an estimated weight range, guiding doses and equipment without needing to weigh the child.

10. How should you treat a child with circumferential burns from coffee or hot water?

A. IN Fentanyl

B. IM Morphine

C. IV Fluids Only

D. Oral Acetaminophen

The key idea is to control pain quickly and effectively in a child with burn injuries in the prehospital setting. Intranasal fentanyl provides rapid analgesia suitable for kids and is easy to administer without obtaining IV access, which reduces delay and distress. This makes it the best choice for immediate pain relief when dealing with circumferential burns, where pain can be intense and the child may be frightened or uncooperative. Relying on intramuscular morphine is less ideal in the field because the onset is slower and administration can be more challenging and distressing for a child. Giving IV fluids alone addresses circulation and tissue perfusion but does not treat pain, and IV access can be difficult in an emergency scenario. Oral acetaminophen offers only mild relief and is not sufficient for significant burn pain in the acute phase.

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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://pepp.examzify.com>

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

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