PEDIATRIC RESPIRATORY 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. After a first otitis media, what is the most important potential long-term effect the nurse should address with the parent?

A. The child could suffer some speech delays.

B. The child could require ear tubes.

C. The child could suffer recurrent ear infections.

D. The child could suffer hearing loss.

2. A child with strep throat is prescribed a 10-day course of penicillin. Which statement best describes what the nurse should tell the family?

A. Your child will recover in a few days without any intervention.

B. Your child will need to be admitted for IV antibiotics.

C. Your child will need oral penicillin for 10 days and should complete the course.

D. Your child will have the tonsils removed to prevent future infections.

3. Preterm infants with respiratory distress syndrome are commonly managed with which noninvasive ventilation strategy?

A. High-flow nasal cannula

B. CPAP

C. BiPAP

D. Venturi mask

4. Which environmental exposure has the strongest evidence for worsening pediatric asthma?

A. Tobacco smoke exposure

B. Ozone exposure at playgrounds

C. Indoor mold exposure

D. Cat dander exposure

5. What is a major long-term goal in managing pediatric asthma?

A. Cure asthma

B. Achieve good asthma control with minimal symptoms and prevent exacerbations

C. Normalize lung function completely

D. Avoid any medication use

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6. Which finding indicates airway edema in a child with croup?

A. Barking cough

B. Stridor at rest

C. Fever

D. Increased secretions

7. Epiglottitis is best described as which of the following?

A. A self-limited throat infection.

B. A condition managed with home care.

C. A medical emergency requiring urgent airway evaluation.

D. A condition seen only in adults.

8. Which imaging modality is commonly used to define anatomy in evaluating congenital lung malformations in children?

A. CT

B. MRI

C. X-ray

D. Ultrasound

9. Which radiographic finding is typical of transient tachypnea of the newborn?

A. Diffuse reticulonodular pattern.

B. Lobar consolidation.

C. Hyperinflation without central markings.

D. Central perihilar markings with mild hyperinflation.

10. A parent asks how to relieve constipation in a child with cystic fibrosis. What is the nurse's best response?

A. Your child likely has an obstruction and will require surgery.

B. Your child will likely be given IV fluids.

C. Your child will likely be given MiraLAX.

D. Your child will be placed on a clear liquid diet.

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Answers

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

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Explanations

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1. After a first otitis media, what is the most important potential long-term effect the nurse should address with the parent?

A. The child could suffer some speech delays.

B. The child could require ear tubes.

C. The child could suffer recurrent ear infections.

D. The child could suffer hearing loss.

After a first otitis media, the main point to address is the potential for future ear infections and how to reduce that risk. Recurrence is common in young children, and preventing repeated episodes helps protect hearing and language development because each infection can contribute to temporary conductive hearing loss if middle-ear fluid persists. By discussing signs of recurrence, timely treatment, and preventive measures (such as vaccination status, minimizing exposure to tobacco smoke, and appropriate follow-up if symptoms recur), you align the care plan with the likelihood of future infections. If infections become frequent (for example, multiple episodes within a year), planning for ear-tube evaluation may be considered, but the immediate emphasis is on monitoring and reducing the chance of recurrence. Hearing loss and potential speech delays can follow from recurrent or prolonged middle-ear problems, but the most immediate long-term consideration is the child's risk of recurrent ear infections.

2. A child with strep throat is prescribed a 10-day course of penicillin. Which statement best describes what the nurse should tell the family?

A. Your child will recover in a few days without any intervention.

B. Your child will need to be admitted for IV antibiotics.

C. Your child will need oral penicillin for 10 days and should complete the course.

D. Your child will have the tonsils removed to prevent future infections.

Treating strep throat with antibiotics aims to eradicate the infection and prevent complications like rheumatic fever. A 10-day course of oral penicillin is the standard treatment for most children. The key point is to complete the entire 10 days even if symptoms improve quickly. Finishing the full course ensures the bacteria are fully cleared and reduces the risk of relapse or late complications. This approach isn't about needing IV antibiotics or procedures like tonsil removal for a one-time infection. IV antibiotics are reserved for children who cannot take pills or have more severe illness, not for typical strep throat treated with oral penicillin. Tonsillectomy isn't a routine preventive measure after a single episode of strep throat. And while children often feel better within a day or two, untreated strep throat can lead to serious problems, so skipping part of the course isn't advised. If there are allergy concerns or side effects, or if symptoms worsen or don't improve after a couple of days, contact the clinician.

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3. Preterm infants with respiratory distress syndrome are commonly managed with which noninvasive ventilation strategy?

A. High-flow nasal cannula

B. CPAP

C. BiPAP

D. Venturi mask

In preterm infants with respiratory distress syndrome, the key goal is to keep the tiny, surfactant-deficient lungs open and recruit already collapsed alveoli. Providing a constant positive airway pressure achieves this by maintaining a steady distending pressure throughout the breathing cycle, which helps preserve functional residual capacity, improves gas exchange, reduces the work of breathing, and lowers the need for intubation and mechanical ventilation. This makes continuous positive airway pressure the standard noninvasive strategy for initial management. High-flow nasal cannula can deliver warmed, humidified gas and may offer some degree of gentle pressure, but the pressure it provides is variable and less reliable for preventing atelectasis in classic RDS. BiPAP adds intermittent higher and lower pressures, which can be useful in certain situations (like after extubation or when more support is needed), but it is not the first-line approach for routine management of surfactant-deficient lungs. Venturi masks simply deliver oxygen without positive pressure, which isn't sufficient to keep the alveoli open in RDS. So the best-fit noninvasive strategy is continuous positive airway pressure because it directly supports lung recruitment and stable oxygenation in this setting.

4. Which environmental exposure has the strongest evidence for worsening pediatric asthma?

A. Tobacco smoke exposure

B. Ozone exposure at playgrounds

C. Indoor mold exposure

D. Cat dander exposure

Secondhand tobacco smoke exposure stands out because it consistently worsens pediatric asthma across many studies and populations. Children exposed to tobacco smoke have more airway inflammation and hyperresponsiveness, leading to more frequent and severe symptoms, increased rescue inhaler use, and higher risks of emergency visits and hospitalizations. Prenatal exposure (maternal smoking during pregnancy) also raises the likelihood of wheeze and later asthma, and postnatal exposure continues to impair lung function development during childhood. The evidence is robust, dose-dependent, and observed even after accounting for other factors. Ozone exposure can irritate the airways and trigger symptoms, but the evidence for a uniform, strong impact on persistent asthma severity in all children is less consistent and highly dependent on exposure context. Indoor mold exposure and cat dander exposure can worsen symptoms in sensitized children, but not all kids with asthma are sensitized to these allergens, making the association with overall worsening less universal than tobacco smoke. Reducing tobacco smoke exposure is therefore the most impactful step for improving pediatric asthma outcomes.

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5. What is a major long-term goal in managing pediatric asthma?

A. Cure asthma

B. Achieve good asthma control with minimal symptoms and prevent exacerbations

C. Normalize lung function completely

D. Avoid any medication use

The major long-term goal in pediatric asthma is to maintain good asthma control with minimal symptoms and prevent exacerbations. This focuses on keeping day-to-day symptoms, activity limitations, and nighttime awakenings to a minimum, while also reducing the risk of serious flare-ups that could land the child in the emergency department or hospital. In kids, this approach supports normal growth, development, and participation in daily activities and sports, and it typically requires ongoing controller medications to suppress airway inflammation and prevent future symptoms. Cure is not currently possible for asthma; it's a chronic condition with episodic symptoms, so aiming for complete eradication isn't realistic. Normalizing lung function completely isn't guaranteed for every child, even with good control, and the priority is to minimize symptoms and prevent worsening or frequent attacks rather than assume perfect, lifelong lung function. Avoiding medications would lead to poor control and a higher risk of exacerbations, so ongoing treatment—often including inhaled corticosteroids or other controllers—is part of achieving long-term stability.

6. Which finding indicates airway edema in a child with croup?

A. Barking cough

B. Stridor at rest

C. Fever

D. Increased secretions

Airway edema tightens the upper airway, especially the subglottic region, so airflow becomes turbulent and you hear a stridor. When that stridor is present at rest, it means the obstruction is significant even without crying or agitation, signaling meaningful edema. A barking cough is common with croup and reflects inflammation of the larynx, but it doesn't directly indicate the degree of edema. Fever points to infection rather than edema, and increased secretions suggest mucus production rather than the edema tightening of the airway. Stridor at rest is the best clue that edema is driving the airway narrowing.

7. Epiglottitis is best described as which of the following?

A. A self-limited throat infection.

B. A condition managed with home care.

C. A medical emergency requiring urgent airway evaluation.

D. A condition seen only in adults.

Epiglottitis is a medical emergency because swelling of the epiglottis can rapidly block the pediatric airway, leading to life-threatening obstruction. The critical point is that securing and protecting the airway takes priority and is usually planned in a controlled setting with anesthesia ready for endotracheal intubation or, if necessary, a surgical airway. This urgency is why home care or waiting for spontaneous resolution is inappropriate. Clinically, children often appear very ill, may drool, have fever, pain on swallowing, a muffled or "hot potato" voice, and may sit upright and anxious with distress; this presentation can deteriorate quickly, unlike self-limited throat infections. While epiglottitis can occur in adults, its dangerous potential is most pronounced in children, reinforcing the need for urgent airway evaluation and careful management rather than delaying care.

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8. Which imaging modality is commonly used to define anatomy in evaluating congenital lung malformations in children?

A. CT

B. MRI

C. X-ray

D. Ultrasound

High-resolution CT provides detailed, cross-sectional images of the lung anatomy, including the parenchyma, airways, and blood vessels, which is essential when evaluating congenital lung malformations in children. This level of detail helps clearly define the size, location, and extent of lesions such as sequestration, bronchial anomalies, or lobar hypoplasia, and, with contrast, maps the vascular supply. In particular, CT angiography can reveal an aberrant systemic feeding artery typical of sequestration, which is crucial for surgical planning. While X-ray offers only a rough two-dimensional view and ultrasound has limited utility for air-filled lungs, MRI avoids radiation but historically has been less practical for detailed airway and vascular anatomy due to longer scan times and availability. CT remains the most practical and reliable modality for defining anatomy in these cases, using low-dose protocols to minimize radiation exposure in children.

9. Which radiographic finding is typical of transient tachypnea of the newborn?

A. Diffuse reticulonodular pattern.

B. Lobar consolidation.

C. Hyperinflation without central markings.

D. Central perihilar markings with mild hyperinflation.

Transient tachypnea of the newborn results from delayed clearance of fetal lung fluid, leading to mild interstitial edema and fluid around the airways. On chest radiographs, the hallmark is mild hyperinflation with prominent central perihilar markings. The central markings reflect edema and vascular congestion near the hila, while the mild hyperinflation results from some air trapping as the airways are affected by the fluid. You may also see slight atelectasis at the bases as the lungs gradually clear. This pattern helps distinguish TTN from other newborn respiratory conditions. A diffuse reticulonodular pattern is more typical of respiratory distress syndrome due to surfactant deficiency. Lobar consolidation points to focal bacterial pneumonia. Hyperinflation without central markings can occur with bronchiolitis or other causes of airway inflammation, but TTN traditionally shows those central perihilar markings paired with mild hyperinflation.

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10. A parent asks how to relieve constipation in a child with cystic fibrosis. What is the nurse's best response?

A. Your child likely has an obstruction and will require surgery.

B. Your child will likely be given IV fluids.

C. Your child will likely be given MiraLAX.

D. Your child will be placed on a clear liquid diet.

In cystic fibrosis, constipation comes from thick, dry stool due to reduced water in the gut and ongoing dehydration. The most effective and appropriate approach is to soften the stool and promote regular bowel movements with an osmotic laxative. MiraLAX (polyethylene glycol 3350) works by drawing water into the colon, which softens the stool and helps it pass more easily. This is a common, safe first-line option for CF-related constipation and fits well with the goal of improving stool consistency without resorting to invasive measures or restrictive diets. Starting MiraLAX typically involves a pediatric dose with fluids, and providers monitor response and hydration. IV fluids or surgery aren't the primary relief for routine constipation, and a clear liquid diet doesn't address stool softness. If constipation persists or is accompanied by pain, vomiting, or signs of obstruction, further evaluation is needed.

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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://pediatricrespiratory.examzify.com

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

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