PEDIATRICS ADOLESCENT PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Table of Contents

Copyright 1

Table of Contents 2

Introduction 3

How to Use This Guide 4

Questions 5

Answers 9

Explanations 11

Next Steps 16

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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. **An adolescent who has had a leg amputated reports phantom limb pain and requests pain medication. Which response is appropriate?**

   A. Withholding the medication to help prevent addiction

   B. By stating that the limb has been removed and that the pain is psychological

   C. By acknowledging that the pain is real and administering medication to relieve it

   D. By explaining that the phantom limb sensation will subside within a few more days

2. **When an adolescent says, 'But you don't understand,' what is the nurse's best response?**

   A. I don't understand what you mean.

   B. I do understand; I was a teenager once too.

   C. It would be helpful to understand; let's talk.

   D. It's you who should try to understand others.

3. **Which statement about the female athlete triad is true?**

   A. It includes amenorrhea, an eating disorder, and osteoporosis.

   B. Only appears in adult athletes.

   C. It is caused by excessive calcium intake.

   D. It has no relation to nutritional status.

4. **Which pairing correctly matches an age group to a described trait in the material?**

   A. Adolescent: concentrates on work and play.

   B. Toddler: develops a sense of identity through decision-making.

   C. Child aged 3-5: focuses on forming trust with caregivers.

   D. Toddler: develops autonomy by making choices.

5. **Which of the following is a criterion for bariatric surgery in adolescents?**

   A. Regular exercise

   B. Adherence to nutritional guidelines after surgery

   C. Avoidance of pregnancy for 3 months after surgery

   D. BMI of at least 40 with severe obesity

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6. Punishment and obedience orientation corresponds to which stage in Kohlberg's theory?

A. Stage 1

B. Stage 2

C. Stage 3

D. Stage 4

7. Which of the following represents a normal arterial pH range?

A. 7.35-7.45

B. 7.20-7.40

C. 7.50-7.60

D. 7.10-7.30

8. What is the priority goal when providing pin care for a 13-year-old with an external fixation device?

A. Easing pain

B. Minimizing scarring

C. Preventing infection

D. Preventing skin breakdown

9. In which period of Piaget's theory does the adolescent feel a sense of invulnerability?

A. Sensorimotor

B. Preoperational

C. Formal operations

D. Concrete operations

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10. Arrange the examination steps for a rape victim to test for sexually transmitted infections in correct order.

A. Nucleic acid amplified testing for chlamydia and gonorrhea; Wet mount and culture or point-of-care testing of a vaginal swab specimen for trichomoniasis; Serum sample for HIV infection, hepatitis B, and syphilis; Repetition of serologic tests for syphilis and HIV infection

B. Nucleic acid amplified testing for chlamydia and gonorrhea; Serum sample for HIV infection, hepatitis B, and syphilis; Wet mount and culture or point-of-care testing of a vaginal swab specimen for trichomoniasis; Repetition of serologic tests for syphilis and HIV infection

C. Serum sample for HIV infection, hepatitis B, and syphilis; Nucleic acid amplified testing for chlamydia and gonorrhea; Wet mount and culture or point-of-care testing of a vaginal swab specimen for trichomoniasis; Repetition of serologic tests for syphilis and HIV infection

D. Nucleic acid amplified testing for chlamydia and gonorrhea; Wet mount and culture or point-of-care testing of a vaginal swab specimen for trichomoniasis; Repetition of serologic tests for syphilis and HIV infection; Serum sample for HIV infection, hepatitis B, and syphilis

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Answers

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

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Explanations

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1. An adolescent who has had a leg amputated reports phantom limb pain and requests pain medication. Which response is appropriate?

A. Withholding the medication to help prevent addiction

B. By stating that the limb has been removed and that the pain is psychological

C. By acknowledging that the pain is real and administering medication to relieve it

D. By explaining that the phantom limb sensation will subside within a few more days

Phantom limb pain is a real sensory experience that can be distressing for an adolescent after amputation. The appropriate response is to acknowledge the pain as real and provide relief with appropriate pain medication. Validating the patient's experience helps reduce fear and mistrust, and it signals that their comfort is a priority. In managing acute pain after amputation, the goal is effective analgesia while continuing to monitor the patient's response and safety. Don't dismiss the pain as imaginary or suggest it will just go away on its own; instead, offer treatment and plan for ongoing pain management as needed. While addressing immediate relief, it's also useful to explain that phantom sensations can change over time and that a comprehensive plan may include pharmacologic options (for example, appropriate analgesics and adjuncts) as well as nonpharmacologic strategies (such as relaxation techniques or distraction). The key idea is to treat the pain as real and provide timely relief rather than delaying or minimizing it.

2. When an adolescent says, 'But you don't understand,' what is the nurse's best response?

A. I don't understand what you mean.

B. I do understand; I was a teenager once too.

C. It would be helpful to understand; let's talk.

D. It's you who should try to understand others.

When talking with adolescents, the goal is to validate their feelings and invite them to share more, rather than becoming defensive or dismissive. Saying it would be helpful to understand and proposing to talk communicates openness, curiosity, and respect for the teen's perspective. This creates a safe space, reduces defensiveness, and helps the nurse gather more information to understand the adolescent's concerns and respond appropriately. The other options either dismiss the teen's need to be understood, shift the focus to the nurse's past experiences, or blame the teen, which undermines trust and effective communication.

3. Which statement about the female athlete triad is true?

A. It includes amenorrhea, an eating disorder, and osteoporosis.

B. Only appears in adult athletes.

C. It is caused by excessive calcium intake.

D. It has no relation to nutritional status.

The question is testing your understanding of what the female athlete triad involves and how it arises from energy balance and bone health. The triad happens when energy deficiency from inadequate caloric intake relative to exercise disrupts hormones, leading to menstrual dysfunction (often amenorrhea) and reduced bone density (osteopenia/osteoporosis). The statement that includes amenorrhea, an eating disorder, and osteoporosis reflects these linked features: insufficient energy and disordered eating contribute to lowered estrogen, which then impairs bone formation and maintenance. It can occur in adolescents as well as adults, so it isn't limited to adults. It isn't caused by taking in too much calcium, and it is closely related to nutritional status, so those options don't fit.

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4. Which pairing correctly matches an age group to a described trait in the material?

A. Adolescent: concentrates on work and play.

B. Toddler: develops a sense of identity through decision-making.

C. Child aged 3-5: focuses on forming trust with caregivers.

D. Toddler: develops autonomy by making choices.

In psychosocial development, toddlers are centered on autonomy—trying to control their environment and make simple choices. This push for independence shows up as making small decisions (what to wear, what to eat, which activity to do). So the statement that a toddler develops autonomy by making choices best matches this age period. The other pairings mix up developmental stages: adolescence is more about forming identity and independence than just "work and play"; the preschool years (3–5) focus on initiative and purpose, not primarily on trust with caregivers (which is an infancy task); and toddlerhood is not when identity is formed through decision-making.

5. Which of the following is a criterion for bariatric surgery in adolescents?

A. Regular exercise

B. Adherence to nutritional guidelines after surgery

C. Avoidance of pregnancy for 3 months after surgery

D. BMI of at least 40 with severe obesity

In adolescents, bariatric surgery is reserved for those with very severe obesity who have not succeeded with non-surgical approaches, and who are ready to commit to long-term lifestyle changes. The most appropriate criterion among these is having a BMI of at least 40 kg/m2 with severe obesity. This threshold reflects both the level of obesity that creates substantial health risk and the need for a more aggressive intervention when other measures haven't worked. The other items describe important aspects of care but do not determine eligibility. Regular exercise is beneficial for overall health and can support weight management, but it does not by itself qualify a teen for surgery. Adherence to nutritional guidelines after surgery is essential for successful outcomes, yet it's a postoperative requirement, not a preoperative eligibility criterion. Avoiding pregnancy for a period after surgery is important counseling and safety practice, but again it doesn't establish eligibility.

6. Punishment and obedience orientation corresponds to which stage in Kohlberg's theory?

A. Stage 1

B. Stage 2

C. Stage 3

D. Stage 4

In Kohlberg's theory, the punishment and obedience orientation is the first stage of moral development, placed in the preconventional level. Here morality is defined by avoiding punishment and obeying authority. A child evaluates actions by their immediate consequences rather than by intention or societal rules, seeing rules as fixed and external. They follow orders mainly to stay safe and avoid negative outcomes, not because they believe the action itself is right. This makes the first stage the best match, distinct from later stages that focus on personal gain (Stage 2), seeking social approval (Stage 3), or upholding laws and duties (Stage 4).

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7. Which of the following represents a normal arterial pH range?

A. 7.35-7.45

B. 7.20-7.40

C. 7.50-7.60

D. 7.10-7.30

Arterial pH is tightly regulated within a narrow window because even small changes can disrupt enzyme function and how cells work. The normal arterial pH is about 7.35 to 7.45, a range that keeps proteins and metabolic processes operating correctly and supports stable cardiovascular and respiratory function. Values below 7.35 indicate acidosis, while values above 7.45 indicate alkalosis. Among the options, 7.35 to 7.45 is the only range that stays within this normal zone. The other ranges are outside: 7.20–7.40 sits too low on the scale, 7.50–7.60 is clearly alkaline, and 7.10–7.30 reflects significant acidosis.

8. What is the priority goal when providing pin care for a 13-year-old with an external fixation device?

A. Easing pain

B. Minimizing scarring

C. Preventing infection

D. Preventing skin breakdown

Preventing infection is the priority when caring for pin sites in external fixation. The pins break the skin, creating a potential doorway for bacteria to reach deeper tissues and bone, which can lead to osteomyelitis, pin loosening, or systemic illness if not controlled. Emphasize meticulous, sterile pin-site care: use clean technique at every care session, cleanse the pin tracks with saline or as ordered, keep the sites dry, and routinely inspect for signs of infection such as redness, swelling, drainage, warmth, or increasing pain. Teach the patient and family to report any concerning signs promptly and to follow the care schedule consistently. While reducing pain and protecting skin are important, preventing infection is the most critical goal because it underpins healing and hardware stability.

9. In which period of Piaget's theory does the adolescent feel a sense of invulnerability?

A. Sensorimotor

B. Preoperational

C. Formal operations

D. Concrete operations

In the formal operations period, adolescents develop the ability to think about abstract possibilities and reason hypothetically. This shift allows them to imagine future scenarios, assess risks in a more abstract way, and entertain ideas that aren't tied to concrete, present experiences. That capacity can fuel a sense of invulnerability—the belief that negative consequences won't happen to them—because they can conceive dangers as distant or unlikely and optimize outcomes based on hypothetical reasoning. Earlier stages rely on concrete, here-and-now thinking: sensorimotor is about direct interaction with the world, preoperational is egocentric and magical thinking, and concrete operations involve logical thought only for concrete, observable events. Once formal operations emerge, the mind can entertain "what if" scenarios, which underlies the adolescent tendency to feel resistant to risk.

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10. Arrange the examination steps for a rape victim to test for sexually transmitted infections in correct order.

A. Nucleic acid amplified testing for chlamydia and gonorrhea; Wet mount and culture or point-of-care testing of a vaginal swab specimen for trichomoniasis; Serum sample for HIV infection, hepatitis B, and syphilis; Repetition of serologic tests for syphilis and HIV infection

B. Nucleic acid amplified testing for chlamydia and gonorrhea; Serum sample for HIV infection, hepatitis B, and syphilis; Wet mount and culture or point-of-care testing of a vaginal swab specimen for trichomoniasis; Repetition of serologic tests for syphilis and HIV infection

C. Serum sample for HIV infection, hepatitis B, and syphilis; Nucleic acid amplified testing for chlamydia and gonorrhea; Wet mount and culture or point-of-care testing of a vaginal swab specimen for trichomoniasis; Repetition of serologic tests for syphilis and HIV infection

D. Nucleic acid amplified testing for chlamydia and gonorrhea; Wet mount and culture or point-of-care testing of a vaginal swab specimen for trichomoniasis; Repetition of serologic tests for syphilis and HIV infection; Serum sample for HIV infection, hepatitis B, and syphilis

After a rape, STI testing should be sequenced to maximize detection and account for window periods. Start with nucleic acid amplification testing for chlamydia and gonorrhea using an appropriate vaginal/urethral specimen. These infections are common and NAATs are highly sensitive, providing rapid, actionable results that guide immediate treatment decisions. Next, evaluate for trichomoniasis with a wet mount, culture, or a point-of-care test on a vaginal swab. This step adds detection of another common infection with distinct treatment implications, and doing it after the initial NAATs helps ensure comprehensive screening while using available specimens efficiently. Then obtain a serum sample for HIV, hepatitis B, and syphilis to establish baseline serostatus. Serologic infections may have window periods, so baseline testing is crucial for counseling and planning follow-up care and surveillance. Finally, repeat serologic tests for HIV and syphilis at follow-up to detect infections that may seroconvert after the initial test. This accounts for the diagnostic window periods and helps ensure any late seroconversion is identified.

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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://pedsadolescent.examzify.com

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

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