PEDIATRICS ASSIGNMENT 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. Which of the following is a common cause of bronchiolitis in infants?

A. Rhinovirus

B. Parainfluenza

C. Adenovirus

D. Respiratory syncytial virus (RSV)

2. The nurse plans to mix a medication with food to make it more palatable for a pediatric client. Which base should the nurse choose?

A. Formula or milk

B. Syrup

C. Applesauce

D. Orange juice

3. What is the primary strategy for preventing overweight and obesity in preschool children?

A. Strict dieting in children

B. Increasing screen time to reduce physical activity

C. Pharmaceutical intervention

D. Family-based lifestyle modifications including healthy diet, regular physical activity, and limited screen time

4. A 5-year-old with pallor and fatigue is found to have microcytic anemia. What is the most likely diagnosis?

A. Sideroblastic anemia

B. Thalassemia

C. Iron deficiency anemia

D. Aplastic anemia

5. For low-grade vesicoureteral reflux without recurrent infections, what is the typical management?

A. Immediate surgery

B. Observation

C. Long-term antibiotics regardless of symptoms

D. Hyperimmunization therapy

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6. What is a common presenting symptom of iron deficiency anemia in children?

A. Fatigue and pallor

B. High fever

C. Hypertension

D. Jaundice

7. Which vaccine is routinely given at birth?

A. Hepatitis B vaccine

B. MMR vaccine

C. Varicella vaccine

D. DTaP vaccine

8. In the immediate postoperative period after scoliosis correction, which action is most important to protect spinal alignment?

A. Record intake and output every 8 hours.

B. Assess bowel sounds every 4 hours.

C. Initiate a logrolling schedule every 2 hours.

D. Ambulate for 5 minutes 12 hours postoperative.

9. A child with suspected celiac disease shows which serologic marker for screening?

A. Tissue transglutaminase (tTG) IgA antibodies (with total IgA).

B. Anti-nuclear antibodies

C. ESR

D. Anti-DGP

10. At about 24 months, which milestone is typically achieved?

A. Sits without support

B. Says 1–2 words

C. Uses two-word phrases

D. Walks independently

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Answers

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

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Explanations

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1. Which of the following is a common cause of bronchiolitis in infants?

A. Rhinovirus

B. Parainfluenza

C. Adenovirus

D. Respiratory syncytial virus (RSV)

Viral infection of the lower airways is the key idea here, with RSV being the most common cause in infants. Respiratory syncytial virus preferentially infects the small bronchioles, provoking inflammation and mucus buildup that narrow the airways and produce wheeze and increased work of breathing. Among the viruses listed, RSV stands out as the leading cause of bronchiolitis in young children; rhinovirus and parainfluenza can cause respiratory illness and occasionally bronchiolitis but much less frequently in this age group, and adenovirus is less commonly associated with bronchiolitis. This pattern helps explain why RSV is the best answer.

2. The nurse plans to mix a medication with food to make it more palatable for a pediatric client. Which base should the nurse choose?

A. Formula or milk

B. Syrup

C. Applesauce

D. Orange juice

Masking taste in pediatric medication relies on using a base that is smooth, mildly flavored, and unlikely to alter how the drug dissolves or is absorbed. Applesauce fits this role well. Its soft, creamy texture makes it easy to mix with a crushed tablet or liquid med, helping the child swallow without resistance, and its mild flavor doesn't overpower or interact with many medications. Other bases can introduce problems. Formula or milk contains calcium and other components that can bind certain drugs and slow or reduce absorption. Syrup is very sweet and viscous and can complicate dosing or contribute extra sugar without improving stability. Orange juice is acidic and can affect the stability or absorption of some medicines and may irritate the stomach. So, applesauce is generally the best choice for making a medicine more palatable while minimizing potential interactions or absorption issues, provided the medication is approved to be crushed or mixed with food.

3. What is the primary strategy for preventing overweight and obesity in preschool children?

A. Strict dieting in children

B. Increasing screen time to reduce physical activity

C. Pharmaceutical intervention

D. Family-based lifestyle modifications including healthy diet, regular physical activity, and limited screen time

Fostering healthy habits within the family is the most effective way to prevent overweight and obesity in preschoolers. At this age, children imitate what they see at home, so a family-based approach shapes everyday choices more reliably than any other method. Focus on a healthy, balanced diet that supports growth, encourage regular physical activity as part of daily routines, and set reasonable limits on screen time to reduce sedentary behavior. This combination helps establish sustainable patterns that kids can carry into later childhood. Strict dieting is inappropriate for preschoolers because it can disrupt growth and development. Pharmacologic or medical interventions are not typically indicated for this age group unless there is a very specific medical need and close supervision. In contrast, the family-centered lifestyle approach creates a positive environment where healthy choices become the norm, making it the best strategy for prevention.

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4. A 5-year-old with pallor and fatigue is found to have microcytic anemia. What is the most likely diagnosis?

A. Sideroblastic anemia

B. Thalassemia

C. Iron deficiency anemia

D. Aplastic anemia

Iron deficiency is the most common cause of microcytic anemia in young children. In a 5-year-old, rapid growth plus often insufficient iron intake or excessive cow's milk consumption can deplete iron stores, leading to smaller, pale red cells that are characteristic of microcytic anemia. The mechanism is reduced hemoglobin synthesis due to iron shortage, so the red cells become both smaller (microcytic) and paler (hypochromic). Sideroblastic anemia is much rarer in this age group and usually involves abnormalities in iron utilization with different lab patterns, not just simple dietary iron deficiency. Thalassemia can cause microcytosis as well, but it often has a distinct pattern on blood counts and often a family history or splenomegaly. Aplastic anemia, on the other hand, would typically present with pancytopenia and a low reticulocyte count, not isolated microcytic anemia. So the scenario most fittingly points to iron deficiency anemia.

5. For low-grade vesicoureteral reflux without recurrent infections, what is the typical management?

A. Immediate surgery

B. Observation

C. Long-term antibiotics regardless of symptoms

D. Hyperimmunization therapy

In children with low-grade vesicoureteral reflux who have not had recurrent infections, the typical approach is observation with regular follow-up. Many cases of VUR, especially grades I–III, improve or resolve as the child grows, and the risk of kidney damage is low without febrile urinary tract infections. Immediate surgery isn't warranted when there are no recurrent infections. Long-term antibiotics across the board aren't routinely needed and are weighed against potential downsides like antibiotic resistance and side effects. Hyperimmunization therapy isn't a standard treatment for VUR. If new febrile UTIs or breakthrough infections occur, management can be reassessed, but for now, careful monitoring is appropriate.

6. What is a common presenting symptom of iron deficiency anemia in children?

A. Fatigue and pallor

B. High fever

C. Hypertension

D. Jaundice

Iron deficiency anemia reduces the blood's ability to carry oxygen, so the most common signs in children are pallor and fatigue. When iron stores are low, hemoglobin synthesis drops, leading to smaller, paler red blood cells and less oxygen delivery to tissues. This shows up as a pale appearance (especially in the conjunctivae and mucous membranes) and as tiredness or low energy, irritability, and reduced activity. Fever is more typical of infection, not iron deficiency; hypertension is not a feature of this condition; jaundice would point toward hemolysis or liver-related issues. So fatigue with pallor best reflects the underlying problem.

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7. Which vaccine is routinely given at birth?

A. Hepatitis B vaccine

B. MMR vaccine

C. Varicella vaccine

D. DTaP vaccine

Giving vaccines at birth targets infections that can be transmitted around delivery. The vaccine routinely given to all newborns is the hepatitis B vaccine, administered within the first 24 hours of life. This birth dose is important because if the mother has hepatitis B, the baby is at high risk of acquiring the infection and developing chronic disease; starting vaccination right away helps prevent that transmission and builds early protective immunity. If the mother's hepatitis B status is positive or unknown, some guidelines also provide additional passive protection with hepatitis B immune globulin within about 12 hours of birth, along with the vaccine, to further reduce the chance of infection. Other vaccines you might hear about—like the MMR and Varicella vaccines—are not given at birth. They are scheduled later in infancy or childhood (months to years later) once the immune system is more mature. The DTaP vaccine also isn't given at birth; it starts at about 2 months of age as part of the routine infant series.

8. In the immediate postoperative period after scoliosis correction, which action is most important to protect spinal alignment?

A. Record intake and output every 8 hours.

B. Assess bowel sounds every 4 hours.

C. Initiate a logrolling schedule every 2 hours.

D. Ambulate for 5 minutes 12 hours postoperative.

Protecting spinal alignment after scoliosis correction hinges on moving the patient as a single unit so the spine is not twisted or bent during repositioning. Starting a logrolling schedule every two hours ensures every turning event is done with the spine kept straight and properly aligned, minimizing the risk that rotation, flexion, or lateral bending could disrupt the fusion or instrumentation. This carefully coordinated movement also provides consistent support for the head, trunk, and limbs, reducing stress on the operative area. Other tasks like tracking intake and output or checking bowel sounds are important for general postoperative care, but they don't directly protect spinal alignment. Ambulating later may be appropriate, but only if it's performed with strict spinal precautions and proper technique; without the logrolling approach, early movement could compromise alignment.

9. A child with suspected celiac disease shows which serologic marker for screening?

A. Tissue transglutaminase (tTG) IgA antibodies (with total IgA).

B. Anti-nuclear antibodies

C. ESR

D. Anti-DGP

The main concept is that the first-line serologic screen for suspected celiac disease in children is an IgA antibody test against tissue transglutaminase, because it is highly sensitive and specific. Measuring total IgA at the same time is important because some kids have selective IgA deficiency; if total IgA is low, a negative tTG IgA could be misleading, and IgG-based tests (or tTG IgG) may be used instead. Other options like anti-nuclear antibodies or ESR are nonspecific and not used to screen for celiac disease. Anti-DGP antibodies exist as an alternative, especially when IgA deficiency is present, but the best initial screen remains tTG IgA with total IgA.

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10. At about 24 months, which milestone is typically achieved?

A. Sits without support

B. Says 1–2 words

C. Uses two-word phrases

D. Walks independently

Around 24 months, expressive language expands from single words to combining words into short phrases. The typical milestone is using two-word phrases, such as "mommy go" or "more milk." This reflects the start of basic syntax and the ability to link ideas in speech, which is expected to emerge around age two. Other options describe earlier developments: sitting without support appears well before a year, usually by about 6 months; saying 1–2 words tends to occur earlier, often around 12–18 months; walking independently is usually achieved by about 12 months. While there is variability, two-word combinations at about two years is the best-fitting milestone.

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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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