PEDIATRICS BLUEPRINT EXAM 5 PRACTICE (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. In nephrotic syndrome, edema is primarily due to what mechanism?

A. Edema is caused by hypoalbuminemia leading to decreased plasma oncotic pressure

B. Edema is caused by increased capillary hydrostatic pressure from hypertension

C. Edema due to lymphatic obstruction

D. Edema due to sodium retention alone

2. What is the daily maintenance fluid goal for a 30-kg child?

A. 1,600 mL/24 hr

B. 1,700 mL/24 hr

C. 1,800 mL/24 hr

D. 1,650 mL/24 hr

3. What long-term risks are associated with untreated cryptorchidism?

A. Reduced fertility and increased testicular cancer risk.

B. Improved fertility.

C. No risk.

D. Varicocele formation.

4. What is the immediate danger of severe hyperkalemia in a child with acute kidney injury (AKI)?

A. Cardiac arrest due to bradycardia

B. Life-threatening cardiac dysrhythmias

C. Severe hypertension

D. Respiratory failure

5. Which urine color is typical of acute glomerulonephritis?

A. Frothy and pale

B. Colorless with mucus

C. Bright yellow

D. Tea or cola-colored

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6. How long are droplet precautions used for bacterial meningitis?

A. Until fever resolves

B. For 7 days after onset

C. Until CSF culture is negative

D. Until 24 hours after effective antibiotics begin

7. Which type of diarrhea is commonly observed with the preceding infection in typical HUS?

A. Bloody diarrhea.

B. Watery diarrhea with no blood.

C. No diarrhea.

D. Chronic diarrhea.

8. Low BUN can indicate which of the following?

A. Liver dysfunction

B. Low protein intake/malnutrition or liver dysfunction

C. Kidney dysfunction

D. High protein intake

9. What is bladder exstrophy?

A. A condition where the bladder remains entirely within the abdomen.

B. Congenital defect exposing the inner bladder lining outside the lower abdominal wall.

C. Urinary incontinence due to kidney failure.

D. Acquired bladder prolapse.

10. Paraphimosis is characterized by which of the following?

A. Normal variant.

B. Foreskin inflammation.

C. Urethral stricture.

D. Retracted foreskin behind the glans causing constriction and compromised blood flow; emergency.

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Answers

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

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Explanations

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1. In nephrotic syndrome, edema is primarily due to what mechanism?

A. Edema is caused by hypoalbuminemia leading to decreased plasma oncotic pressure

B. Edema is caused by increased capillary hydrostatic pressure from hypertension

C. Edema due to lymphatic obstruction

D. Edema due to sodium retention alone

Edema in nephrotic syndrome primarily reflects loss of albumin in the urine, which lowers the plasma oncotic (colloid osmotic) pressure. Albumin pulls fluid back into capillaries; when its level falls, the tendency for fluid to stay in the interstitial spaces increases, so fluid accumulates in tissues. The body may respond by activating pathways that retain sodium and water, which worsens the edema, but this is secondary to the initial drop in oncotic pressure. Hypertension-related increases in capillary hydrostatic pressure and lymphatic obstruction are not the main drivers of edema in nephrotic syndrome.

2. What is the daily maintenance fluid goal for a 30-kg child?

A. 1,600 mL/24 hr

B. 1,700 mL/24 hr

C. 1,800 mL/24 hr

D. 1,650 mL/24 hr

Maintenance fluid needs in children are estimated using a weight-based rule: 100 mL per kg for the first 10 kg, 50 mL per kg for the next 10 kg, and 20 mL per kg for any remaining weight. For a 30-kg child, that's 1000 mL + 500 mL + 200 mL, totaling 1,700 mL per day. This daily goal is commonly rounded to 1,700 mL/24 hr in practice, making it the best choice. Note that using the hourly 4-2-1 approach would give about 70 mL/hour (roughly 1,680 mL/day), which is also close, but rounding to 1,700 mL/day aligns with typical teaching and answer choices. This assumes stable hydration and no losses; adjust for fever, vomiting, diarrhea, or other fluid losses as needed.

3. What long-term risks are associated with untreated cryptorchidism?

A. Reduced fertility and increased testicular cancer risk.

B. Improved fertility.

C. No risk.

D. Varicocele formation.

Long-term problems from not bringing the testis down include two main issues: impaired sperm production and a higher risk of testicular cancer. When a testis stays in the abdomen or groin, it sits at a higher temperature than the normal scrotal environment, which can damage germ cells and reduce future fertility. There is also a well-established increase in the risk of testicular germ cell tumors in undescended testes. These two risks together make reduced fertility and the increased cancer risk the best answer. The other ideas don't fit: leaving the testis undescended does not improve fertility, and while you might hear about other conditions like varicoceles, they aren't a direct long-term consequence of cryptorchidism. Early surgical correction aims to preserve fertility and lower cancer risk, though some risk persists after treatment.

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4. What is the immediate danger of severe hyperkalemia in a child with acute kidney injury (AKI)?

A. Cardiac arrest due to bradycardia

B. Life-threatening cardiac dysrhythmias

C. Severe hypertension

D. Respiratory failure

Severe hyperkalemia in AKI directly disrupts the heart's electrical system, making dangerous rhythm problems the immediate threat. When potassium levels rise outside the cells, the electrical gradient that allows normal conduction in cardiac myocytes is altered. This changes how sodium channels recover and slows conduction, which destabilizes the rhythm. Early ECG changes include tall, peaked T waves, followed by widening of the QRS and eventually a sine-wave pattern as conduction collapses. Clinically, this can present as bradyarrhythmias or various life-threatening tachyarrhythmias, and can progress to cardiac arrest if not treated promptly. So the most urgent danger is the potential for life-threatening cardiac dysrhythmias that can rapidly lead to arrest.

5. Which urine color is typical of acute glomerulonephritis?

A. Frothy and pale

B. Colorless with mucus

C. Bright yellow

D. Tea or cola-colored

In acute glomerulonephritis, inflammation damages the glomerular capillaries, allowing red blood cells to seep into the urine. This hematuria often makes the urine look dark and can appear tea- or cola-colored, especially when there are many red cells or when hemoglobin from lysed cells darkens the urine. This is a hallmark of a nephritic process, distinguishing it from situations where urine is pale and frothy due to heavy protein loss (nephrotic syndrome) or simply bright yellow or colorless from concentration or dilution. Therefore, tea- or cola-colored urine best fits the typical presentation of acute glomerulonephritis.

6. How long are droplet precautions used for bacterial meningitis?

A. Until fever resolves

B. For 7 days after onset

C. Until CSF culture is negative

D. Until 24 hours after effective antibiotics begin

Droplet precautions for bacterial meningitis are kept until the patient has been on effective antibiotics for about 24 hours. The reason is that once appropriate therapy starts, the bacterial load—and thus the chance of transmitting the infection via droplets—drops rapidly. Fever, duration since onset, or a negative CSF culture aren't used to decide when precautions can be stopped; a patient is typically considered noncontagious after 24 hours of effective antibiotic treatment, even if CSF findings or fever persist.

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7. Which type of diarrhea is commonly observed with the preceding infection in typical HUS?

A. Bloody diarrhea.

B. Watery diarrhea with no blood.

C. No diarrhea.

D. Chronic diarrhea.

Bloody diarrhea is the best answer. Typical HUS almost always follows a diarrheal illness caused by Shiga toxin–producing E. coli, which causes hemorrhagic colitis and blood in the stool. The toxin injures the intestinal endothelium, leading to bleeding, and several days later the microangiopathic process leads to the triad of anemia, thrombocytopenia, and acute kidney injury. By contrast, watery diarrhea without blood is less characteristic of the HUS prodrome, and no diarrhea or chronic diarrhea don't fit the common pattern seen with typical HUS.

8. Low BUN can indicate which of the following?

A. Liver dysfunction

B. Low protein intake/malnutrition or liver dysfunction

C. Kidney dysfunction

D. High protein intake

BUN reflects how much urea the liver makes from ammonia and how well the kidneys clear it. When protein intake is low or someone is severely malnourished, there's less amino acid breakdown and less ammonia to convert to urea, so the BUN level falls. Likewise, if the liver isn't functioning well, urea production drops, also lowering BUN. In contrast, kidney problems tend to cause BUN to rise because clearance is impaired, and high protein intake increases urea production, raising BUN. So a low BUN most likely points to reduced hepatic urea synthesis or inadequate protein intake, which is why the correct choice pairs these concepts.

9. What is bladder exstrophy?

A. A condition where the bladder remains entirely within the abdomen.

B. Congenital defect exposing the inner bladder lining outside the lower abdominal wall.

C. Urinary incontinence due to kidney failure.

D. Acquired bladder prolapse.

Bladder exstrophy is a congenital malformation in which the front portion of the lower abdominal wall does not close properly, leaving the inner lining of the bladder exposed on the outside. Because the bladder mucosa is open to the outside, the bladder is effectively turned inside out at the lower abdomen, and this defect is present at birth. It often comes with related issues such as epispadias and pubic bone separation, and it requires surgical repair in the newborn period to create a functional bladder and improve continence. This description fits best because it emphasizes the congenital defect with the inner bladder lining exposed outside the lower abdominal wall, which is the hallmark of bladder exstrophy. The other options describe conditions that are not correct: remaining entirely within the abdomen would not involve external exposure; urinary incontinence from kidney failure isn't a structural exposure; and acquired bladder prolapse is a different, non-congenital issue.

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10. Paraphimosis is characterized by which of the following?

A. Normal variant.

B. Foreskin inflammation.

C. Urethral stricture.

D. Retracted foreskin behind the glans causing constriction and compromised blood flow; emergency.

Paraphimosis is the situation where the foreskin is retracted behind the glans and cannot be moved forward to cover the glans again, creating a tight constrictive ring that impedes venous outflow and can compromise arterial blood flow. This makes it an emergency because swelling and reduced blood supply can progress to tissue damage if not promptly reduced. Understand that this often follows a event where the foreskin was left retracted, such as after catheterization or hygiene care in an uncircumcised male. Clinically you'll see a painful, swollen glans with the foreskin stuck behind the head of the penis; the penis may look dusky or tense, and distal sensation can be reduced if the situation isn't resolved quickly. The best approach is urgent reduction: lubricate and gently try to ease the foreskin forward over the glans to relieve the constriction, sometimes with brief manual compression to reduce edema. If simple reduction isn't possible, seek immediate urologic care; options may include procedures to relieve the tension or, after swelling subsides, definitive treatment such as a dorsal slit or circumcision. This differs from a normal foreskin variant, which simply reflects nonpathologic variation; foreskin inflammation involves redness and discharge without the constrictive band, and urethral stricture involves the urinary tract rather than a constricted foreskin behind the glans.

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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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