PEDIATRICS EXAMINATION AND ASSESSMENT QUESTIONNAIRE (EAQ) 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. **What should the nurse inform preadolescents about primary sex characteristics?**

   A. They are related to reproduction.

   B. They develop at the same rate in most adolescents.

   C. Each sex is identified by the primary sex characteristics.

   D. Primary sex characteristics are apparent before secondary sex characteristics.

2. **What is the normal body temperature range for infants?**

   A. 95.0°F to 98.6°F

   B. 97.9°F to 100.4°F

   C. 98.6°F to 101.0°F

   D. 99.0°F to 100.0°F

3. **What is the normal range for a child's heart rate at rest?**

   A. 60-90 beats per minute

   B. 70-110 beats per minute

   C. 80-120 beats per minute

   D. 90-130 beats per minute

4. **What should a school nurse advise a mother regarding her diabetic child's participation in soccer?**

   A. Children with diabetes must leave teams if identified.

   B. Others may not discuss the child's diabetes with faculty.

   C. The child shouldn't inform the coach about her diabetes.

   D. Coaches need to know to help prevent hypoglycemic episodes.

5. **What is the first-line treatment for bacterial tonsillitis?**

   A. Rest and hydration

   B. Antibiotics

   C. Warm salt water gargles

   D. Surgery

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6. Which of the following is not typically a symptom of pediatric dehydration?

A. Dry skin
B. Thirst
C. Loss of appetite
D. Increased energy levels

7. What type of nutrition deficiency can lead to rickets in children?

A. Calcium deficiency
B. Vitamin D deficiency
C. Iron deficiency
D. Protein deficiency

8. What should be monitored closely in children with diabetes mellitus?

A. Blood pressure levels
B. Blood glucose levels
C. Weight gain
D. Urine output

9. What symptom is often associated with tonsillitis in children?

A. Persistent cough
B. Sore throat
C. Difficulty breathing
D. Ear pain

10. What is a common sign of development in children by 12 months of age?

A. Using basic gestures
B. Climbing stairs
C. Understanding complex ideas
D. Writing their name

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Answers

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

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Explanations

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1. What should the nurse inform preadolescents about primary sex characteristics?

A. They are related to reproduction.

B. They develop at the same rate in most adolescents.

C. Each sex is identified by the primary sex characteristics.

D. Primary sex characteristics are apparent before secondary sex characteristics.

The correct answer emphasizes that primary sex characteristics are fundamentally linked to reproduction. Primary sex characteristics refer to the physical and biological attributes directly involved in reproduction, such as the development of the reproductive organs (e.g., ovaries and testes). These characteristics are essential for the functionality of the reproductive system and play a primary role in sexual maturation during puberty. When discussing primary sex characteristics with preadolescents, it's important to communicate that these characteristics form the basis of biological sex and are necessary for reproductive capability. Understanding this link helps preadolescents grasp the biological functions that come with maturation, which can be an important aspect of their overall development and education about human biology and sexuality. Other options do not encapsulate this core idea about reproduction: while some may touch upon aspects associated with developmental timing or physical identification, they do not convey the essential connection to reproductive function as clearly as the correct answer does.

2. What is the normal body temperature range for infants?

A. 95.0°F to 98.6°F

B. 97.9°F to 100.4°F

C. 98.6°F to 101.0°F

D. 99.0°F to 100.0°F

The normal body temperature range for infants is recognized as falling between 97.9°F and 100.4°F. This range accounts for the natural variations in body temperature based on factors such as the time of day, the infant's age, and their activity level. Infants' body temperatures can fluctuate more than those of older children and adults, making it essential to understand this specific range. A temperature below 97.9°F might be indicative of potential problems such as hypothermia, and temperatures above 100.4°F warrant further investigation as they may signal fever or infection. Therefore, knowing that 97.9°F to 100.4°F is the standard range helps caregivers and healthcare providers assess an infant's health accurately. Monitoring within this range is fundamental for the early detection of any health issues that may arise.

3. What is the normal range for a child's heart rate at rest?

A. 60-90 beats per minute

B. 70-110 beats per minute

C. 80-120 beats per minute

D. 90-130 beats per minute

The normal resting heart rate for a child typically falls within the range of 70 to 110 beats per minute. This range accounts for the physiological differences in heart rates between children and adults, as children generally have higher resting heart rates due to their smaller size, higher metabolic rates, and greater autonomic nervous system activity. As children grow, their heart rates gradually decrease and can fall closer to adult levels, which are generally much lower, typically at rest between 60 and 100 beats per minute for adults. The consideration of factors such as age, physical condition, and individual health is also important, as these can affect the resting heart rate in children. However, the 70 to 110 beats per minute range is a clinically recognized standard for pediatric patients at rest, making it a useful guide when assessing a child's cardiovascular status.

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4. What should a school nurse advise a mother regarding her diabetic child's participation in soccer?

A. Children with diabetes must leave teams if identified.

B. Others may not discuss the child's diabetes with faculty.

C. The child shouldn't inform the coach about her diabetes.

D. Coaches need to know to help prevent hypoglycemic episodes.

For a diabetic child participating in sports like soccer, it's crucial that coaches are informed about the child's condition. This awareness enables coaches to monitor the child's well-being and intervene as necessary to prevent hypoglycemic episodes, which can occur during physical exertion. By knowing about the child's diabetes, the coach can take proactive steps, such as allowing for breaks, encouraging the child to carry a snack, and ensuring proper hydration, all of which are important in managing blood glucose levels during activity. Additionally, educating coaches helps create a supportive environment where the child can safely enjoy soccer while managing their diabetes. They can recognize the signs of hypoglycemia and provide assistance if needed. This collaboration between the child, the parents, and the coaching staff is essential for the child's safety and success in sports. The other options do not prioritize the health and safety of the child. For example, leaving teams or withholding information would not only hinder the child's ability to manage their condition but could also pose serious health risks during physical activities.

5. What is the first-line treatment for bacterial tonsillitis?

A. Rest and hydration

B. Antibiotics

C. Warm salt water gargles

D. Surgery

The first-line treatment for bacterial tonsillitis is antibiotics. This is because bacterial infections, often caused by Streptococcus pyogenes (Group A Streptococcus), require antibiotic therapy to effectively clear the infection and prevent complications. Antibiotics can reduce the severity of symptoms, shorten the duration of illness, and decrease the risk of secondary complications, such as rheumatic fever and peritonsillar abscess. While rest and hydration, warm salt water gargles, and surgery may play supportive roles or be considered in specific cases, they do not address the underlying bacterial infection directly. Rest and hydration are important for overall recovery but do not target the infection itself. Warm salt water gargles can help soothe the throat but also do not have an impact on the bacterial cause. Surgery, such as tonsillectomy, is typically reserved for recurrent tonsillitis or other complications and is not a first-line treatment for acute bacterial tonsillitis. Therefore, the administration of antibiotics is essential for effectively managing this condition.

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6. Which of the following is not typically a symptom of pediatric dehydration?

A. Dry skin

B. Thirst

C. Loss of appetite

D. Increased energy levels

The selected answer pertains to increased energy levels, which is not a typical symptom of pediatric dehydration. When a child is dehydrated, they often experience a range of symptoms that indicate the body's need for fluids. Common signs of dehydration include dry skin, excessive thirst, and a loss of appetite. Dry skin results from a lack of moisture as the body conserves fluids during dehydration. Thirst is a natural response to dehydration, as the body signals the need for water intake. Loss of appetite occurs as metabolic functions slow down, and the body focuses on conserving energy and fluids rather than digestion. In contrast, increased energy levels would be unusual in a dehydrated child, as they typically exhibit lethargy or fatigue due to the reduced fluid intake and potential electrolyte imbalances. This means that a child suffering from dehydration is more likely to display signs of tiredness rather than heightened energy, reinforcing why increased energy levels is not considered a symptom of pediatric dehydration.

7. What type of nutrition deficiency can lead to rickets in children?

A. Calcium deficiency

B. Vitamin D deficiency

C. Iron deficiency

D. Protein deficiency

Rickets is a condition that primarily results from a deficiency of vitamin D in children. Vitamin D plays a crucial role in calcium and phosphate metabolism, which are essential for the development and maintenance of healthy bones. Inadequate vitamin D levels lead to impaired absorption of calcium from the gastrointestinal tract, resulting in low calcium levels in the body. This deficiency compromises bone mineralization, leading to deformities and weakness in the bones, characteristic of rickets. While calcium also contributes to bone health, the root cause of rickets is the lack of vitamin D, which is essential for the proper utilization of calcium. Iron deficiency and protein deficiency can cause other health issues but are not directly linked to the development of rickets. Thus, adequate levels of vitamin D are vital during childhood to prevent rickets and promote healthy skeletal development.

8. What should be monitored closely in children with diabetes mellitus?

A. Blood pressure levels

B. Blood glucose levels

C. Weight gain

D. Urine output

Monitoring blood glucose levels in children with diabetes mellitus is crucial for managing their condition effectively. Blood glucose levels indicate how well the body is managing glucose, which is vital for energy production and metabolic health. Children with diabetes often require careful regulation of their blood glucose through insulin therapy or medication and dietary management. Regular monitoring helps prevent both hyperglycemia (high blood sugar) and hypoglycemia (low blood sugar), ensuring that their levels remain within a target range, which is key to avoiding acute complications and promoting long-term health. Maintaining appropriate blood glucose levels is essential to reduce the risk of complications such as growth issues, cardiovascular problems, and damage to various organs over time. Understanding the fluctuations in these levels can also guide adjustments in medication and lifestyle management to provide optimal care for the child. Therefore, focused attention to blood glucose monitoring is a cornerstone of diabetes management in pediatric patients.

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9. What symptom is often associated with tonsillitis in children?

A. Persistent cough

B. Sore throat

C. Difficulty breathing

D. Ear pain

Tonsillitis in children is frequently characterized by a sore throat, which is a primary symptom of this condition. The inflammation of the tonsils due to infection can lead to discomfort and pain in the throat, making it difficult for the child to swallow or speak. The sore throat results from the body's immune response to the infection, leading to swelling and inflammation of the tonsils, which are located at the back of the throat. While other symptoms such as persistent cough, difficulty breathing, and ear pain may occasionally occur in conjunction with tonsillitis, they are not the hallmark indicator of the condition. A persistent cough may arise from other respiratory infections or conditions, difficulty breathing is generally not directly caused by tonsillitis unless there are severe complications, and ear pain can be a referred pain from the throat but is not specific to tonsillitis itself. Thus, the presence of a sore throat is the most significant and defining symptom linked with tonsillitis in children.

10. What is a common sign of development in children by 12 months of age?

A. Using basic gestures

B. Climbing stairs

C. Understanding complex ideas

D. Writing their name

By the age of 12 months, a child typically demonstrates a key developmental milestone of using basic gestures. This includes actions such as waving goodbye, pointing to express interest, or reaching out for something they want. These gestures are critical as they indicate not only physical development but also the beginnings of communication and social interaction. At 12 months, children are still developing their motor skills and coordination, which is why using gestures is a more expected behavior compared to climbing stairs, understanding complex ideas, or writing their name. Climbing stairs usually occurs later as gross motor skills improve, and understanding complex ideas and writing are skills that develop much later in childhood. Basic gestures provide an essential foundation for social communication, paving the way for further language development in the following years.

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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://pediatricseaq.examzify.com

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

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