ROSH PEDIATRICS 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 would be a notable characteristic of exanthematous drug eruption in children?**

   A. Scattered vesicles on extremities

   B. Discrete, raised red papules

   C. Symmetric distribution of maculopapular rash

   D. Brief pruritus leading to hypo-pigmented patches

2. **What is the most likely diagnosis for a child with fever, stiff neck, and a cerebrospinal fluid showing mononuclear dominance?**

   A. Autoimmune encephalitis

   B. Bacterial meningitis

   C. Viral encephalitis

   D. Viral meningitis

3. **What is the recommended course of action for treating rickets in breastfeeding infants?**

   A. Supplement breastfeeding with cholecalciferol

   B. Supplement breastfeeding with iron

   C. Supplement breastfeeding with folic acid

   D. Supplement breastfeeding with calcium

4. **After effective treatment of a persistent fever and confirmed urinary tract infection in a 21-month-old girl, what clinical intervention is most appropriate?**

   A. Daily nitrofurantoin

   B. Observation until age 2 years

   C. Surgical correction

   D. Ureteral stent placement

5. **What skin condition often shows symptoms of tiny papules on extensor surfaces in children?**

   A. Keratosis pilaris

   B. Erythema infectiosum

   C. Urticaria

   D. Diaper dermatitis

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6. What test result indicates esotropia of the right eye in a child with a "lazy eye"?

A. Inward movement of the left eye with the right eye covered

B. Inward movement of the right eye with the left eye covered

C. Outward movement of the left eye with the right eye covered

D. Outward movement of the right eye with the left eye covered

7. What organism is detected in a 10-year-old boy with an intensely pruritic rash and confirmed by a potassium hydroxide preparation?

A. Demodex folliculorum

B. Pediculus humanus

C. Pyemotes tritici

D. Sarcoptes scabiei

8. What ECG finding is likely to be observed in a 15-year-old boy with hypertrophic obstructive cardiomyopathy?

A. Downsloping ST elevation in leads V1-V3

B. Prominent Q waves in leads V1 and V2

C. T wave inversion in V1 and V2

D. Widespread ST elevation

9. What symptoms are commonly associated with the atopic triad?

A. Fever, rash, and conjunctivitis

B. Asthma, allergic rhinitis, and eczema

C. Skin lesions, wheezing, and fever

D. Constipation, abdominal pain, and diarrhea

10. If a neonate lacks sufficient surfactant at 28 weeks gestation, which clinical manifestations might you observe?

A. Decreased breath sounds on one side

B. Evidence of meconium staining

C. Expiratory grunting, retractions, nasal flaring, and cyanosis

D. Sudden episodes of cyanosis with feeding

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Answers

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

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Explanations

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1. What would be a notable characteristic of exanthematous drug eruption in children?

A. Scattered vesicles on extremities

B. Discrete, raised red papules

C. Symmetric distribution of maculopapular rash

D. Brief pruritus leading to hypo-pigmented patches

The characteristic of symmetric distribution of maculopapular rash is essential for identifying exanthematous drug eruptions in children. This type of eruption typically presents as a widespread, flat, or slightly raised rash that can cover large areas of the body. The symmetrical distribution often reflects the systemic nature of the drug reaction and is a common feature among various exanthematous eruptions. Exanthematous drug eruptions commonly begin on the trunk and can extend to the extremities, making their symmetrical nature a notable aspect of their presentation. Recognition of this pattern is crucial for proper diagnosis, as it can help distinguish these reactions from other types of rashes that may have an asymmetric distribution or be localized to certain areas of the body. Understanding these patterns aids healthcare professionals in forming accurate diagnoses and appropriate management plans for affected children.

2. What is the most likely diagnosis for a child with fever, stiff neck, and a cerebrospinal fluid showing mononuclear dominance?

A. Autoimmune encephalitis

B. Bacterial meningitis

C. Viral encephalitis

D. Viral meningitis

The scenario presented involves a child exhibiting fever, stiff neck, and cerebrospinal fluid (CSF) that shows mononuclear dominance. These clinical features are characteristic of viral meningitis, where you often see an increased white blood cell count predominantly consisting of lymphocytes (mononuclear cells) in the CSF. Viral meningitis commonly leads to symptoms such as fever and neck stiffness, similar to those seen in bacterial meningitis. However, the key differentiator in this case is the finding in the CSF; viral infections typically result in mononuclear pleocytosis rather than the neutrophilic predominance seen in bacterial meningitis. Further contextualizing the options: autoimmune encephalitis often presents with a combination of neurological symptoms but may have different CSF findings, such as oligoclonal bands or specific antibodies. Bacterial meningitis would present with a different CSF profile that typically shows elevated neutrophils, decreased glucose levels, and increased protein levels. Viral encephalitis, while presenting similarly to viral meningitis, tends to have more severe neurological symptoms, and specific pathogen identification is often necessary for diagnosis. In summary, the combination of fever, stiff neck, and mononuclear dominance in the CSF strongly

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3. What is the recommended course of action for treating rickets in breastfeeding infants?

A. Supplement breastfeeding with cholecalciferol

B. Supplement breastfeeding with iron

C. Supplement breastfeeding with folic acid

D. Supplement breastfeeding with calcium

The treatment for rickets in breastfeeding infants is primarily focused on ensuring adequate vitamin D levels, since vitamin D plays a crucial role in calcium absorption and bone health. Cholecalciferol, also known as vitamin D3, is important for preventing and treating rickets, as it helps maintain proper calcium and phosphate levels in the body, which are essential for the formation and maintenance of healthy bones. Breast milk, while it contains many important nutrients, typically does not provide sufficient amounts of vitamin D. Therefore, supplementation with cholecalciferol is recommended to prevent deficiency in breastfed infants, particularly those who are exclusively breastfed without any other source of vitamin D. While iron, folic acid, and calcium are important nutrients, their supplementation does not address the underlying cause of rickets related to vitamin D deficiency. Iron is crucial for preventing anemia, folic acid is essential for DNA synthesis and overall cellular health, and calcium is critical for bone health; however, without adequate vitamin D, calcium cannot be effectively absorbed and utilized. Hence, supplementing with cholecalciferol is the most direct way to treat and prevent rickets in this context.

4. After effective treatment of a persistent fever and confirmed urinary tract infection in a 21-month-old girl, what clinical intervention is most appropriate?

A. Daily nitrofurantoin

B. Observation until age 2 years

C. Surgical correction

D. Ureteral stent placement

In the case of a persistent fever and confirmed urinary tract infection (UTI) in a young child, the goal of treatment is not just to address the immediate infection but also to prevent future occurrences. Daily nitrofurantoin is an appropriate clinical intervention following successful treatment of the initial UTI in this scenario, especially since recurrent UTIs are relatively common in young children. Nitrofurantoin is an antibiotic that is particularly effective against the bacteria typically associated with urinary tract infections. By providing prophylactic treatment with nitrofurantoin, the risk of recurrent infections can be significantly reduced, allowing for better management of the child's health. While monitoring the child is also important, just observing until she reaches age 2 without any intervention may leave her vulnerable to further UTIs. Surgical correction and ureteral stent placement are more invasive options that are generally reserved for specific anatomical issues or severe complications, which would not be warranted in a simple case of recurrent UTIs without evidence of anatomical anomalies. Hence, daily nitrofurantoin serves as both a preventive measure and an appropriate follow-up intervention in this context.

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5. What skin condition often shows symptoms of tiny papules on extensor surfaces in children?

A. Keratosis pilaris

B. Erythema infectiosum

C. Urticaria

D. Diaper dermatitis

The condition characterized by small papules on extensor surfaces in children is indeed keratosis pilaris. This benign skin disorder commonly manifests as tiny, rough, raised bumps, often on the outer sides of the upper arms, thighs, and occasionally the face. It results from the accumulation of keratin, the protein that protects the skin, which leads to the blockage of hair follicles. In children, keratosis pilaris is frequently seen and can be mistaken for a rash; however, it typically does not cause any symptoms like itching or discomfort. The papules are often more noticeable during colder months when the skin tends to be drier. Understanding this condition is key for pediatric care providers, as reassurances can often be provided to concerned parents about its harmless nature and the often self-limiting course of the condition as children grow. The other options mentioned represent different skin conditions that present with distinct characteristics and symptom locations, which do not align with the description of keratosis pilaris.

6. What test result indicates esotropia of the right eye in a child with a "lazy eye"?

A. Inward movement of the left eye with the right eye covered

B. Inward movement of the right eye with the left eye covered

C. Outward movement of the left eye with the right eye covered

D. Outward movement of the right eye with the left eye covered

Esotropia refers to a condition where one or both eyes are turned inward, resulting in misalignment. To evaluate this in a child with a "lazy eye," clinicians often conduct a cover test to observe how the eyes move when one is covered. When the cover is placed over the eye, the uncovered eye should remain fixed on a target. If the covered eye moves outward upon covering the opposite eye, it indicates that the covered eye was not aligned properly and could suggest esotropia in the eye that was initially covered. In this scenario, an outward movement of the right eye upon covering the left eye indicates that the right eye was turned inward, consistent with esotropia of the right eye. This outward movement shows that the visual system is attempting to correct the misalignment, signaling the presence of esotropia. The other options either describe movements that do not indicate right eye esotropia or involve the left eye, which is not relevant to this particular condition.

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7. What organism is detected in a 10-year-old boy with an intensely pruritic rash and confirmed by a potassium hydroxide preparation?

A. Demodex folliculorum

B. Pediculus humanus

C. Pyemotes tritici

D. Sarcoptes scabiei

The detection of an organism confirmed by a potassium hydroxide (KOH) preparation in a 10-year-old boy with an intensely pruritic rash suggests a diagnosis of scabies caused by Sarcoptes scabiei. This parasite is a common cause of intense itching and rashes in children and is typically associated with close contact situations, which can lead to outbreaks in schools or families. KOH preparations are commonly used to prepare skin scrapings that can help visualize certain types of infections, particularly those caused by fungi or scabies mites. When skin scrapings from a suspected scabies lesion are examined under a microscope after KOH treatment, the scabies mites, eggs, and fecal matter can be identified, confirming the diagnosis. Demodex folliculorum is a mite that colonizes human hair follicles but is typically associated with acne-like lesions and is not confirmed through KOH preparation. Pediculus humanus refers to lice, which would present with a different type of rash and is diagnosed through visual examination rather than KOH preparations. Pyemotes tritici, also known as harvest mite, can cause pruritic rashes but is not typically confirmed using KOH preparation either. The intense pruritus, along with the findings

8. What ECG finding is likely to be observed in a 15-year-old boy with hypertrophic obstructive cardiomyopathy?

A. Downsloping ST elevation in leads V1-V3

B. Prominent Q waves in leads V1 and V2

C. T wave inversion in V1 and V2

D. Widespread ST elevation

In a 15-year-old boy with hypertrophic obstructive cardiomyopathy, prominent Q waves in leads V1 and V2 reflect the abnormal electrical activity associated with this condition. Hypertrophic obstructive cardiomyopathy is characterized by asymmetric septal hypertrophy and can lead to obstruction of the left ventricular outflow tract. As a result of the hypertrophy and altered conduction pathways, the ECG may exhibit prominent Q waves. These Q waves can be indicative of a prior myocardial infarction or can represent a normal variant in certain conditions, including hypertrophic cardiomyopathy. In this case, the prominent Q waves suggest that there is significant left ventricular hypertrophy affecting the septal wall, leading to an alteration in the vector of ventricular depolarization. Other options do not align with the typical ECG findings commonly associated with hypertrophic obstructive cardiomyopathy. For instance, downsloping ST elevation in leads V1-V3 might suggest other forms of cardiac stress or cardiomyopathy, while T wave inversion in those leads is more characteristic of myocardial ischemia, and widespread ST elevation does not correlate with hypertrophic obstructive cardiomyopathy but rather points toward pericarditis or early repolarization phenomena. Understanding the specific ECG changes can aid

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9. What symptoms are commonly associated with the atopic triad?

A. Fever, rash, and conjunctivitis

B. Asthma, allergic rhinitis, and eczema

C. Skin lesions, wheezing, and fever

D. Constipation, abdominal pain, and diarrhea

The atopic triad is a well-established concept in pediatric and allergy medicine that refers specifically to the three common allergic conditions: asthma, allergic rhinitis, and eczema. Each of these conditions often coexists in individuals, particularly in those who have a genetic predisposition to allergic diseases. Asthma is characterized by recurrent wheezing, coughing, and difficulty breathing, often triggered by allergens. Allergic rhinitis involves symptoms such as sneezing, nasal congestion, and itchy eyes in response to allergens like pollen or dust mites. Eczema, or atopic dermatitis, presents with itchy, inflamed skin, commonly affecting areas like the face and behind the knees. The synergy among these three conditions highlights a shared immunological mechanism, where an overactive immune response to environmental allergens results in the symptoms associated with each disorder. Understanding the atopic triad is crucial for recognizing and managing allergic conditions in affected individuals, allowing for more targeted and effective treatment approaches. By recognizing these three interrelated conditions, practitioners can implement preventive measures for patients who are prone to developing additional allergic diseases, fostering better overall health outcomes.

10. If a neonate lacks sufficient surfactant at 28 weeks gestation, which clinical manifestations might you observe?

A. Decreased breath sounds on one side

B. Evidence of meconium staining

C. Expiratory grunting, retractions, nasal flaring, and cyanosis

D. Sudden episodes of cyanosis with feeding

In the context of a neonate who lacks sufficient surfactant, particularly at 28 weeks gestation, the clinical manifestations commonly observed include expiratory grunting, retractions, nasal flaring, and cyanosis. This presentation is indicative of neonatal respiratory distress syndrome (NRDS), which is primarily caused by inadequate surfactant production. Surfactant plays a crucial role in reducing surface tension within the alveoli, preventing collapse during exhalation and facilitating effective gas exchange. In the absence of adequate surfactant, neonates experience increased work of breathing and impaired lung mechanics, leading to respiratory distress. Expiratory grunting is a form of respiratory effort where the neonate attempts to keep the alveoli open during exhalation, while retractions indicate the use of accessory muscles to breathe, signaling increased respiratory effort. Nasal flaring is a compensatory response to respiratory distress, as the neonate seeks to maximize airflow. Cyanosis reflects oxygen desaturation, which can occur due to inadequate oxygenation of the blood as a result of these respiratory difficulties. Together, these symptoms paint a clear picture of severe respiratory compromise in neonates experiencing surfactant deficiency. In contrast, the other options present unrelated or less characteristic signs

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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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