VATI NURSING CARE OF CHILDREN 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 developmental assessments are beneficial for children with special needs?

A. Standardized testing and report cards

B. Denver Developmental Screening Test and Ages and Stages Questionnaires

C. Parental observations only

D. Visual assessments and audio testing

2. What finding indicates that oral rehydration therapy for a 3-year-old with dehydration has been effective?

A. Increased heart rate

B. Urine specific gravity of 1.015

C. Dry mucous membranes

D. Weight loss

3. A nurse is discussing dietary needs with the guardian of a preschooler recovering from diarrhea. Which food item should be included in the discussion?

A. Peanut butter sandwiches

B. Creamy soups

C. Steamed broccoli

D. Spicy rice

4. What are the classic symptoms of pediatric diabetes mellitus?

A. Increased appetite, frequent urination, fatigue, unexplained weight gain

B. Increased thirst, frequent urination, unexplained weight loss, fatigue

C. Rapid heartbeat, weight loss, excessive sleeping, irritability

D. Headaches, blurred vision, excessive sweating, nausea

5. Which symptom is a clinical manifestation of pyloric stenosis in a 10-day-old infant?

A. Frequent diarrhea

B. Projectile vomiting after feedings

C. Recurrent colic

D. Fever

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6. What is the first sign of illness in infants?

A. Persistent crying

B. Difficulty sleeping

C. Change in feeding patterns or unusual lethargy

D. Fever

7. How do you treat a simple burn in a child?

A. Apply ice directly to the burn

B. Cool the burn under running water and cover with a sterile dressing

C. Bandage tightly to prevent infection

D. Use an ointment immediately

8. Before applying a cast to a preschooler's arm, what should the nurse do to prepare the child?

A. Explain the procedure verbally

B. Wrap the arm of the child's doll or toy

C. Show the child the cast materials

D. Provide distraction with toys

9. What factor does NOT contribute to childhood obesity?

A. Poor diet

B. Genetic predisposition

C. Regular physical activity

D. Socioeconomic factors

10. What action should a nurse take when assessing a school-age child with a maculopapular rash and intermittent fever?

A. Request a consultation with a dermatologist

B. Perform a full blood count

C. Offer the child analgesic for comfort

D. Instruct the parent to apply hydrocortisone cream

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Answers

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

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Explanations

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1. What developmental assessments are beneficial for children with special needs?

A. Standardized testing and report cards

B. Denver Developmental Screening Test and Ages and Stages Questionnaires

C. Parental observations only

D. Visual assessments and audio testing

The Denver Developmental Screening Test and Ages and Stages Questionnaires are specifically designed tools for assessing the developmental progress of children, particularly those with special needs. These instruments are beneficial because they evaluate critical areas of development, including communication, gross motor, fine motor, problem-solving, and personal-social skills. They provide a structured approach to identify delays in development, enabling early interventions that are essential for positive outcomes in children with special needs. The Denver Developmental Screening Test can help identify children who may require further evaluation or intervention, while the Ages and Stages Questionnaires allow for parent involvement and provide a comprehensive picture of a child's development through the eyes of caregivers. Together, these tools offer valuable insights into a child's growth trajectory and help in tailoring interventions to meet their specific developmental requirements. In contrast, standardized testing and report cards primarily focus on academic performance rather than developmental milestones, making them less suitable for assessing children with special needs. Parental observations alone, while useful, do not provide a complete or systematic approach to identifying developmental issues. Visual and audio testing might be relevant in certain contexts, but they do not cover the broader spectrum of developmental areas necessary for a comprehensive assessment of a child's needs.

2. What finding indicates that oral rehydration therapy for a 3-year-old with dehydration has been effective?

A. Increased heart rate

B. Urine specific gravity of 1.015

C. Dry mucous membranes

D. Weight loss

A urine specific gravity of 1.015 indicates that the child is adequately hydrated. In the context of dehydration, normal or improved urine specific gravity is a positive sign, suggesting that the kidneys are functioning well and that the body is effectively reabsorbing fluids. When dehydrated, a child's urine specific gravity typically increases, reflecting concentrated urine due to fluid loss. As rehydration therapy takes effect, the specific gravity should decrease as the body begins to maintain or restore fluid balance. A value of around 1.015 is close to the expected range for healthy hydration, indicating that the oral rehydration therapy is working. In contrast, increased heart rate would suggest ongoing dehydration or stress rather than effective rehydration. Dry mucous membranes are a classic sign of dehydration and would not indicate improvement. Significant weight loss reflects dehydration severity, and if the therapy were effective, you would expect to see weight stabilization or gain.

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3. A nurse is discussing dietary needs with the guardian of a preschooler recovering from diarrhea. Which food item should be included in the discussion?

A. Peanut butter sandwiches

B. Creamy soups

C. Steamed broccoli

D. Spicy rice

In the context of a preschooler recovering from diarrhea, it is essential to focus on foods that are gentle on the stomach and help to restore normal bowel function. Steamed broccoli, as a soft, cooked vegetable, is easy to digest and provides fiber, which can help in regulating digestion once a child is stabilizing after an episode of diarrhea. Additionally, broccoli is packed with vitamins and nutrients that are beneficial for overall health during recovery. It maintains hydration levels when included in a balanced diet. While fiber-rich foods can sometimes exacerbate diarrhea if consumed too soon during recovery, they can contribute positively as the child's condition improves. On the other hand, peanut butter sandwiches may be too heavy or rich, creamy soups may contain lactose which can be problematic for some children after gastrointestinal distress, and spicy rice is not suitable due to its potential to irritate the gastrointestinal tract. Therefore, incorporating steamed broccoli provides a safe, nutrient-dense option that supports recovery.

4. What are the classic symptoms of pediatric diabetes mellitus?

A. Increased appetite, frequent urination, fatigue, unexplained weight gain

B. Increased thirst, frequent urination, unexplained weight loss, fatigue

C. Rapid heartbeat, weight loss, excessive sleeping, irritability

D. Headaches, blurred vision, excessive sweating, nausea

Pediatric diabetes mellitus, particularly type 1 diabetes, is characterized by a specific set of classic symptoms including increased thirst, frequent urination, unexplained weight loss, and fatigue. Increased thirst, also known as polydipsia, occurs due to high blood sugar levels, which lead to excess fluid being drawn from tissues and an increased need for hydration. Frequent urination, or polyuria, is a result of the body trying to eliminate the excess glucose via the urine, which in turn leads to dehydration and further exacerbates thirst. Unexplained weight loss is commonly seen as the body begins to use fat and muscle for energy when insulin is deficient, causing a breakdown of these tissues. Fatigue is a symptom that arises due to the body's inability to utilize glucose properly for energy. These symptoms are primary indicators that warrant further investigation for diabetes in pediatric patients. In contrast, the other options describe symptoms that are not typical for pediatric diabetes or reflect other conditions. For instance, unexplained weight gain and excessive sleeping do not align with diabetes, and symptoms like headaches and nausea could relate to a number of other health issues.

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5. Which symptom is a clinical manifestation of pyloric stenosis in a 10-day-old infant?

A. Frequent diarrhea

B. Projectile vomiting after feedings

C. Recurrent colic

D. Fever

Projectile vomiting after feedings is a hallmark symptom of pyloric stenosis in infants. This condition occurs when the pylorus, the opening from the stomach to the small intestine, becomes narrowed, obstructing the flow of food into the intestine. As a result, when the infant feeds, the stomach fills with milk, but the narrowed pylorus causes an inability to effectively pass that milk into the intestine. This leads to forceful, projectile vomiting, which often occurs shortly after feeding. In the context of an infant who is only 10 days old, the presence of this symptom is particularly significant, as pyloric stenosis typically presents between 2 to 8 weeks of age. The projectile nature of the vomiting distinguishes it from the typical regurgitation that can occur in many infants after feeding, making it a key sign for healthcare providers to recognize. Other symptoms, such as diarrhea, colic, or fever, do not align with the typical presentation of pyloric stenosis and would likely suggest other gastrointestinal issues or infections rather than a blockage at the pylorus. Thus, recognizing projectile vomiting as a clinical manifestation allows for timely diagnosis and intervention, which is crucial in managing pyloric stenosis effectively.

6. What is the first sign of illness in infants?

A. Persistent crying

B. Difficulty sleeping

C. Change in feeding patterns or unusual lethargy

D. Fever

The first sign of illness in infants is often a change in feeding patterns or unusual lethargy. Infants communicate their needs and discomfort primarily through feeding behavior and activity levels. A sudden decrease in appetite or a lack of interest in feeding can indicate that something is wrong, as infants typically have a strong drive to feed. In addition, unusual lethargy or decreased alertness can be an early indicator that an infant is not feeling well. These signs prompt caregivers to seek further assessment, allowing for early intervention that may prevent worsening of the condition. While persistent crying, difficulty sleeping, and fever can also signify illness, they are generally considered later signs compared to changes in feeding or lethargy. For example, while crying may indicate discomfort or pain, it is a more generalized response and can result from various causes, not solely illness. Thus, changes in feeding habits and energy levels are more specific and often the earliest indicators that an infant is unwell.

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7. How do you treat a simple burn in a child?

A. Apply ice directly to the burn

B. Cool the burn under running water and cover with a sterile dressing

C. Bandage tightly to prevent infection

D. Use an ointment immediately

To treat a simple burn in a child effectively, cooling the burn under running water and then covering it with a sterile dressing is the appropriate approach. This method helps to reduce the temperature of the burned area, which can alleviate pain and minimize the extent of tissue damage. Running cool (not ice-cold) water over the burn for at least 10 to 20 minutes encourages proper healing and relieves discomfort. After cooling the burn, covering it with a sterile dressing protects the wound from infection, further injury, and contamination. This step is critical in ensuring that the healing process can proceed without complications. Using ice directly on a burn can cause further tissue damage as the extreme cold can constrict blood vessels, leading to frostbite in the affected area. Tight bandaging can create pressure that may impede circulation, potentially worsening the injury. Similarly, applying ointments immediately might trap heat and cause irritation, thus delaying the healing process or increasing the risk of infection. The best practice involves cooling the burn and providing a sterile cover, as this approach supports optimal healing and protects the injured area.

8. Before applying a cast to a preschooler's arm, what should the nurse do to prepare the child?

A. Explain the procedure verbally

B. Wrap the arm of the child's doll or toy

C. Show the child the cast materials

D. Provide distraction with toys

Preparing a preschooler for a procedure like cast application requires an approach that addresses their developmental level and helps to alleviate fear and anxiety. Using a doll or toy to demonstrate the procedure is particularly effective because it engages the child in a familiar and safe context. By wrapping the arm of the child's doll or toy, the nurse can visually show the child what will happen, which demystifies the experience. This kind of modeling is crucial for preschoolers, as they often learn through play and can better understand the situation when they see a representation that they relate to, helping them to feel more in control and less anxious. While explaining the procedure verbally is important, preschoolers may not understand all the details. Showing cast materials could ignite curiosity but may also lead to apprehension. Providing distractions with toys can be helpful, yet it may not directly prepare the child for the cast application itself. Engaging with a toy and demonstrating the procedure provides both preparation and comfort to the child, empowering them with knowledge about what to expect.

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9. What factor does NOT contribute to childhood obesity?

A. Poor diet

B. Genetic predisposition

C. Regular physical activity

D. Socioeconomic factors

Regular physical activity is the factor that does not contribute to childhood obesity. In fact, engaging in regular physical activity plays a significant role in maintaining a healthy weight and promoting overall health in children. It helps to burn calories, build muscle, and support metabolic processes. When children are physically active, they are less likely to accumulate excess body fat, which is a key driver of obesity. On the other hand, poor diet, genetic predisposition, and socioeconomic factors all increase the risk of childhood obesity. A poor diet, characterized by high caloric intake with low nutritional value, contributes significantly to weight gain. Genetic predisposition can influence a child's body weight and the likelihood of becoming obese due to hereditary factors affecting metabolism or appetite regulation. Socioeconomic factors can impact access to healthy food options, opportunities for physical activity, and overall lifestyle, further contributing to the risk of childhood obesity.

10. What action should a nurse take when assessing a school-age child with a maculopapular rash and intermittent fever?

A. Request a consultation with a dermatologist

B. Perform a full blood count

C. Offer the child analgesic for comfort

D. Instruct the parent to apply hydrocortisone cream

In the scenario involving a school-age child who presents with a maculopapular rash and intermittent fever, administering analgesics for comfort is a prudent and supportive action. The presence of a fever indicates potential discomfort or pain, and the rash could also contribute to the child's discomfort. By offering analgesics, the nurse can help manage the child's symptoms, providing relief and enhancing their overall comfort during the assessment process. This approach is particularly relevant in pediatric care, where addressing pain and discomfort is crucial in managing the child's emotional and physical well-being. Comfort measures can assist in reducing anxiety associated with the illness and can create a more conducive environment for a thorough assessment and potential treatment. Other actions, while potentially valuable, may not address the immediate needs of the child as effectively as providing comfort. Consulting with a dermatologist is more appropriate for specific skin conditions requiring specialized evaluation but is not necessary during the initial assessment. Performing a full blood count might be indicated later in the diagnostic process, but immediate symptom relief takes precedence. Instructing parents to apply hydrocortisone cream may not be appropriate either, especially without properly diagnosing the rash, as it could mask symptoms or lead to improper treatment if the cause of the rash needs to be identified first.

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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://vatinursingcareofchildren.examzify.com

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

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