

Archer Child Health Cardio/Respiratory Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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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.

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!

Questions

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- 1. For which situation should a child with asthma be closely monitored?**
 - A. When taking daily medications**
 - B. During physical activity**
 - C. When sleeping**
 - D. When exhibiting no symptoms at all**
- 2. What condition involves the failure of the lungs to expand normally, leading to reduced lung volume?**
 - A. Pneumothorax**
 - B. Atelectasis**
 - C. Chronic bronchitis**
 - D. Asthma**
- 3. What is the primary treatment for a child experiencing an asthma attack?**
 - A. Administration of an antihistamine**
 - B. Administration of a bronchodilator such as albuterol**
 - C. Inhalation of steam**
 - D. Use of a steroid cream**
- 4. What does a prolonged expiration phase in a child suggest?**
 - A. Obstructive lung disease, such as asthma**
 - B. Restrictive lung disease**
 - C. Acute bronchitis**
 - D. Normal lung function**
- 5. What would be an alarming sign of respiratory illness in a child?**
 - A. Mild cough that lasts for a few days**
 - B. Severe difficulty breathing or blue discoloration of lips and face**
 - C. Occasional sneezing**
 - D. Frequent throat clearing**

6. What is an important aspect of parental education regarding asthma management?

- A. Using puffers only during exercise**
- B. Recognizing and avoiding triggers**
- C. Restricting all outdoor activities**
- D. Relying solely on medication**

7. What is an important aspect of preoperative assessment for children undergoing cardiac surgery?

- A. Understanding the child's cardiac function**
- B. Assessing the child's ability to eat solid foods**
- C. Reducing the child's physical activity before surgery**
- D. Minimizing parent involvement in decision-making**

8. What is the primary goal in managing pediatric patients with congenital diaphragmatic hernia?

- A. To minimize the need for further medical interventions**
- B. To stabilize respiratory function**
- C. To provide long-term nutritional support**
- D. To prevent any surgical procedures**

9. Which imaging technique is most useful for evaluating congenital heart defects?

- A. X-ray**
- B. Echocardiography**
- C. CT scan**
- D. MRI**

10. What dietary recommendation should a parent follow for a child on digoxin?

- A. Reduce potassium intake**
- B. Increase calcium intake**
- C. Increase potassium intake**
- D. Maintain current diet**

Answers

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

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Explanations

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1. For which situation should a child with asthma be closely monitored?

- A. When taking daily medications**
- B. During physical activity**
- C. When sleeping**
- D. When exhibiting no symptoms at all**

Monitoring a child with asthma during physical activity is essential due to the potential for exercise-induced bronchoconstriction, a phenomenon where the airways narrow during or after exercise, leading to difficulty breathing. Physical activity can trigger asthma symptoms in many children, particularly if they are not properly managed or if they are exposed to certain environmental factors, such as cold air or allergens. During exercise, the increased respiratory rate and depth can lead to decreased humidification of the air entering the lungs, which can exacerbate asthma symptoms. Therefore, close monitoring during physical activities ensures that any signs of wheezing, coughing, or shortness of breath are promptly addressed, allowing for timely intervention and the overall safety of the child. While daily medications and sleeping are also important aspects of managing asthma, they do not present the immediate potential for acute symptoms that physical activity can. Being symptom-free is a positive sign, but it still requires regular monitoring to ensure that triggers and exacerbations are effectively managed, particularly during more strenuous activities.

2. What condition involves the failure of the lungs to expand normally, leading to reduced lung volume?

- A. Pneumothorax**
- B. Atelectasis**
- C. Chronic bronchitis**
- D. Asthma**

Atelectasis is the condition characterized by the failure of the lungs to expand normally, which results in reduced lung volume. This can happen due to obstruction of the airways, pressure from neighboring organs or structures, or conditions affecting the lung tissue itself. When areas of the lung collapse or fail to inflate fully, it reduces the overall capacity for gas exchange, leading to symptoms such as shortness of breath and decreased oxygen levels in the blood. In contrast, pneumothorax involves the presence of air in the pleural space, which can cause lung collapse but is not specifically about the inability of the lung tissue to expand. Chronic bronchitis and asthma, while they involve inflammation and narrowing of the airways, do not primarily lead to reduced lung volume through direct failure of lung expansion but rather through airway obstruction related to mucus production or bronchospasm. Thus, atelectasis directly correlates with the failure of lung expansion, making it the correct choice in this scenario.

3. What is the primary treatment for a child experiencing an asthma attack?

- A. Administration of an antihistamine**
- B. Administration of a bronchodilator such as albuterol**
- C. Inhalation of steam**
- D. Use of a steroid cream**

The primary treatment for a child experiencing an asthma attack is the administration of a bronchodilator such as albuterol. Bronchodilators work by relaxing the muscles around the airways, allowing them to open wider and make breathing easier. Albuterol is a short-acting beta-agonist that acts quickly to relieve symptoms of an asthma attack, such as wheezing, coughing, and shortness of breath. When a child is having an asthma attack, immediate relief of airway constriction is crucial, and bronchodilators are specifically designed for this purpose. They provide quick relief and can be administered through an inhaler or nebulizer, making them an essential component of emergency asthma care. Other options, such as antihistamines or steam inhalation, do not directly address the airway constriction that occurs during an asthma attack. Steroid creams are also not relevant in this scenario, as they are used to treat external inflammation and are not effective for immediate respiratory issues. Therefore, the use of a bronchodilator is the most appropriate and effective treatment choice for managing an asthma attack in children.

4. What does a prolonged expiration phase in a child suggest?

- A. Obstructive lung disease, such as asthma**
- B. Restrictive lung disease**
- C. Acute bronchitis**
- D. Normal lung function**

A prolonged expiration phase in a child is indicative of obstructive lung disease, such as asthma. In obstructive conditions, there is an increase in airway resistance due to factors like bronchoconstriction, inflammation, or mucus production. This leads to difficulty in expelling air from the lungs, causing an extended expiration phase. During the expiration phase, the child may experience wheezing or a prolonged effort to breathe out, often associated with a feeling of tightness in the chest. These symptoms align with respiratory issues such as asthma, where the airways become narrowed. In contrast, restrictive lung diseases involve reduced lung volumes or stiffness of the lung tissue, which typically do not present with prolonged expiration but instead may show difficulty with both inhalation and exhalation. Conditions like acute bronchitis can also cause airway obstruction, but the hallmark sign of prolonged expiration is more strongly associated with chronic obstructive diseases. Normal lung function would not exhibit any abnormal changes in the expiration phase. Therefore, observing a prolonged expiration phase is a key indicator of potential obstructive lung disease in children.

5. What would be an alarming sign of respiratory illness in a child?

- A. Mild cough that lasts for a few days
- B. Severe difficulty breathing or blue discoloration of lips and face**
- C. Occasional sneezing
- D. Frequent throat clearing

The presence of severe difficulty in breathing or blue discoloration of the lips and face in a child is a critical indicator of a potentially serious respiratory illness. This suggests that the child may be experiencing significant airway obstruction or inadequate oxygenation. Both of these signs indicate that immediate medical attention is necessary. Severe difficulty breathing can manifest as rapid breathing, labored breathing, or the use of accessory muscles, all of which are signs that the child's respiratory system is struggling to provide sufficient oxygen. Additionally, cyanosis, or the bluish discoloration of the lips and face, is a direct sign of low blood oxygen levels, which could point to conditions such as severe asthma, pneumonia, or other respiratory distress. In contrast, other signs like a mild cough that lasts for a few days, occasional sneezing, or frequent throat clearing are typically less concerning in terms of immediate risk to respiratory health. While they could indicate a respiratory issue, they do not generally reflect the urgent need for intervention that severe difficulty breathing or cyanosis would suggest.

6. What is an important aspect of parental education regarding asthma management?

- A. Using puffers only during exercise
- B. Recognizing and avoiding triggers**
- C. Restricting all outdoor activities
- D. Relying solely on medication

Recognizing and avoiding triggers is a crucial aspect of asthma management for several reasons. First, asthma is often exacerbated by allergens and irritants that can be present in indoor and outdoor environments. These triggers can include pollen, dust mites, pet dander, smoke, and changes in weather. By educating parents on how to identify these triggers, they can take proactive measures to limit their child's exposure, which can help reduce the frequency and severity of asthma attacks. Additionally, understanding triggers allows families to create a safer living environment for children with asthma. For example, if a child is sensitive to pollen, parents can keep windows closed during high pollen days and have them shower after playing outside. Teaching parents to modify their home and lifestyle habits is an empowering step in managing asthma effectively. In contrast, the other options do not support effective asthma management strategies. Using puffers only during exercise may ignore the fact that asthma can be triggered by various factors, not just physical exertion. Restricting all outdoor activities is neither practical nor beneficial, as it can lead to other issues, including reduced physical activity and social interaction. Relying solely on medication might overlook the importance of lifestyle adjustments and trigger management, which are critical components for comprehensive asthma care.

7. What is an important aspect of preoperative assessment for children undergoing cardiac surgery?

- A. Understanding the child's cardiac function**
- B. Assessing the child's ability to eat solid foods**
- C. Reducing the child's physical activity before surgery**
- D. Minimizing parent involvement in decision-making**

Understanding the child's cardiac function is crucial in the preoperative assessment for children undergoing cardiac surgery because it directly influences surgical planning and risk management. Cardiac function assessments, which may include echocardiograms, EKGs, and physical exams, provide vital information about the heart's structure and performance. This knowledge helps surgeons determine the type of procedure required and anticipate potential complications. An accurate assessment of cardiac function enables a tailored approach to anesthesia and postoperative care, ensuring the best possible outcomes for the child. While evaluating the ability to eat solid foods and minimizing physical activity may be components of overall preoperative care, they do not hold the same level of significance as understanding cardiac function, particularly in the context of surgery. Additionally, parent involvement in decision-making is generally encouraged for the well-being of the child and family, making minimizing parent involvement less relevant in this context.

8. What is the primary goal in managing pediatric patients with congenital diaphragmatic hernia?

- A. To minimize the need for further medical interventions**
- B. To stabilize respiratory function**
- C. To provide long-term nutritional support**
- D. To prevent any surgical procedures**

The primary goal in managing pediatric patients with congenital diaphragmatic hernia is to stabilize respiratory function. Congenital diaphragmatic hernia leads to an abnormal opening in the diaphragm, allowing abdominal organs to move into the thoracic cavity, which compromises lung development and function. This can result in severe respiratory distress due to underdeveloped lungs and displacement of the mediastinum. Immediate management often focuses on optimizing oxygenation and ventilation, which may include supplemental oxygen, mechanical ventilation, and sometimes advanced approaches like nitric oxide therapy or extracorporeal membrane oxygenation (ECMO) if the situation demands it. By stabilizing the respiratory function, healthcare providers can improve the infant's overall condition, leading to better outcomes and preparation for any necessary surgical intervention to repair the hernia. While minimizing medical interventions, providing nutritional support, and avoiding surgery may be considerations in holistic care, they are not the primary focus when initially tackling the critical issues presented by the respiratory compromise associated with congenital diaphragmatic hernia. Thus, stabilizing respiratory function is essential in the immediate management of these patients.

9. Which imaging technique is most useful for evaluating congenital heart defects?

- A. X-ray**
- B. Echocardiography**
- C. CT scan**
- D. MRI**

Echocardiography is considered the most useful imaging technique for evaluating congenital heart defects, primarily due to its ability to provide real-time, dynamic images of the heart's structure and function. This non-invasive test employs ultrasound waves to create detailed images of the heart, making it particularly effective in diagnosing various anatomical and functional cardiac abnormalities present from birth. One of the key advantages of echocardiography is that it can assess blood flow through the heart using Doppler imaging, which is essential for identifying conditions such as ventricular septal defects, patent ductus arteriosus, or atrioventricular septal defects. Additionally, echocardiography is safe for patients of all ages, including infants and children, as it does not involve exposure to ionizing radiation, making it an ideal first-line imaging modality in this population. In contrast, while X-rays can provide some information about heart size and position, they lack the detail needed for specific diagnosis of cardiac structures. CT scans and MRIs, although valuable in certain contexts, may not be the first choice for congenital heart defects in children due to their cost, availability, and in the case of MRI, the need for sedation in younger patients. Echocardiography consolidates all these advantages, making

10. What dietary recommendation should a parent follow for a child on digoxin?

- A. Reduce potassium intake**
- B. Increase calcium intake**
- C. Increase potassium intake**
- D. Maintain current diet**

For a child on digoxin, increasing potassium intake is particularly important because digoxin can cause the heart to become more sensitive to the effects of potassium levels in the body. Potassium helps regulate heart rhythm and supports the effectiveness of digoxin therapy. Insufficient potassium levels (hypokalemia) can increase the risk of digoxin toxicity, leading to serious cardiac complications. In contrast, reducing potassium intake would not be advisable, as low potassium can have detrimental effects when a child is taking digoxin. Increasing calcium intake is also not recommended, as elevated calcium levels can further enhance the effects of digoxin and may increase the risk of toxicity. Maintaining the current diet does not consider the risk of electrolyte imbalance, particularly as potassium needs may change with digoxin therapy. Therefore, encouraging an appropriate increase in potassium intake is crucial for ensuring both the safety and efficacy of digoxin treatment in children.

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://archerchildhealthcardiorespiratory.examzify.com>

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

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