

ARCHER CHILD HEALTH CARDIO/ RESPIRATORY PRACTICE TEST (SAMPLE) STUDY GUIDE



Prepare with structure. Pass with confidence



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

SAMPLE

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

SAMPLE

- 1. 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
- 2. What are typical findings in a child with bronchitis?**
 - A. Cough, wheezing, and high blood pressure
 - B. Cough, wheezing, and sometimes fever
 - C. Severe shivering and loss of appetite
 - D. Chest pain and rapid heartbeat
- 3. Name a major factor that predisposes children to respiratory infections.**
 - A. Immature immune system and exposure to pathogens
 - B. Presence of allergies and asthma
 - C. Use of antibiotics and vaccines
 - D. Exposure to secondhand smoke
- 4. When caring for a family of a newborn diagnosed with cystic fibrosis, what is the priority nursing goal?**
 - A. Stabilize the child
 - B. Provide emotional support
 - C. Arrange for financial assistance
 - D. Formulate long-term goals
- 5. What is a common respiratory assessment finding in a child with asthma?**
 - A. Hyperventilation during exercise
 - B. Frothy sputum production
 - C. Prolonged expiration with wheezing
 - D. Normal breath sounds

- 6. Which intervention should be included in the plan of care for a patient diagnosed with Kawasaki disease?**
- A. Initiate contact precautions
 - B. Obtain a 12-lead electrocardiogram
 - C. Implement fluid restriction
 - D. Administer steroids as prescribed
- 7. What is a common cause of wheezing in infants?**
- A. Environmental allergies
 - B. Respiratory syncytial virus (RSV) infection
 - C. Exposure to cigarette smoke
 - D. All of the above
- 8. What is the most appropriate intervention when a child experiences frequent vomiting after taking digoxin?**
- A. Repeat the dose
 - B. Monitor the child closely
 - C. Withhold the next dose if vomiting occurs
 - D. Administer another antiemetic
- 9. What age group is most at risk for sudden infant death syndrome (SIDS)?**
- A. Infants under 1 month of age
 - B. Infants between 1 month and 1 year of age
 - C. Children aged 1 to 3 years
 - D. Children over 3 years of age
- 10. For a child with allergic rhinitis, what outcome puts the child at the highest risk?**
- A. Impaired sleep
 - B. Decreased school performance
 - C. An asthma attack
 - D. Irritability

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. 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.

2. What are typical findings in a child with bronchitis?

- A. Cough, wheezing, and high blood pressure
- B. Cough, wheezing, and sometimes fever**
- C. Severe shivering and loss of appetite
- D. Chest pain and rapid heartbeat

In a child with bronchitis, the presentation typically includes a persistent cough, which may be accompanied by wheezing due to the narrowing of the airways caused by inflammation. Wheezing is a common symptom as it indicates difficulty in breathing and is often a result of the bronchial tubes becoming inflamed. Additionally, fever may occur as part of the body's immune response to infection, especially if the bronchitis is related to a viral or bacterial infection. The other symptoms, such as high blood pressure, severe shivering, loss of appetite, chest pain, and rapid heartbeat, are not standard or typical findings in bronchitis. Instead, these symptoms may suggest other medical issues or complications that are not directly associated with bronchitis in children. Thus, the combination of cough, wheezing, and sometimes fever accurately reflects the typical clinical picture of bronchitis in pediatric patients.

3. Name a major factor that predisposes children to respiratory infections.

A. Immature immune system and exposure to pathogens

B. Presence of allergies and asthma

C. Use of antibiotics and vaccines

D. Exposure to secondhand smoke

The major factor that predisposes children to respiratory infections is the combination of an immature immune system and exposure to pathogens. Children, particularly infants and toddlers, are still developing their immune defenses, making them more susceptible to infections. Their immune systems have not yet been fully exposed to various pathogens that adults may have encountered and built immunity against. Consequently, when children are exposed to viruses and bacteria, their bodies may not mount an adequate immune response, leading to an increased likelihood of respiratory infections. While the presence of allergies and asthma, the use of antibiotics and vaccines, and exposure to secondhand smoke can also play significant roles in respiratory health, they do not single-handedly predispose children to infections in the same fundamental way that an immature immune system does. Allergies and asthma can cause complications and exacerbate respiratory issues, and while antibiotics can help combat infections, overuse can lead to resistance. Vaccines enhance immunity but do not directly link to increased susceptibility. Secondhand smoke can harm respiratory health, but it is the immature immune systems of children that primarily create a higher risk for initial infection during their early years.

4. When caring for a family of a newborn diagnosed with cystic fibrosis, what is the priority nursing goal?

A. Stabilize the child

B. Provide emotional support

C. Arrange for financial assistance

D. Formulate long-term goals

The priority nursing goal when caring for a family of a newborn diagnosed with cystic fibrosis is to provide emotional support. The diagnosis of cystic fibrosis can be overwhelming for families as it involves understanding a lifelong chronic condition that requires continuous care, management, and periodic hospitalizations. Providing emotional support is critical as it helps the family cope with the stress, fear, and uncertainty that come with such a diagnosis. It establishes a trusting relationship between the healthcare provider and the family, allowing them to express their concerns and fears. This support can enhance the family's ability to make informed decisions regarding their child's care, engage actively in treatment plans, and seek additional resources or services they may need. While other goals such as stabilizing the child or formulating long-term plans are also important aspects of care, they generally follow the initial need for emotional support. Emotional well-being can significantly influence a family's willingness and ability to engage with and manage long-term health strategies for the newborn.

5. What is a common respiratory assessment finding in a child with asthma?

- A. Hyperventilation during exercise
- B. Frothy sputum production
- C. Prolonged expiration with wheezing**
- D. Normal breath sounds

In children with asthma, a common respiratory assessment finding is prolonged expiration accompanied by wheezing. This is primarily due to the airway narrowing that occurs during an asthmatic episode. When a child exhales, the constricted airways create turbulence, which causes the characteristic wheezing sound. Prolonged expiration indicates that the child is having difficulty expelling air from the lungs, a hallmark of obstructive airway diseases like asthma. In contrast to the correct assessment finding, options such as hyperventilation during exercise can occur but are not as specific to asthma compared to the wheezing and prolonged expiration. Frothy sputum production is more indicative of conditions like pulmonary edema rather than asthma. Normal breath sounds would suggest a lack of airflow obstruction and would not align with what is typically observed during an asthma exacerbation. Therefore, prolonged expiration with wheezing is the most relevant and significant finding in the context of asthma.

6. Which intervention should be included in the plan of care for a patient diagnosed with Kawasaki disease?

- A. Initiate contact precautions
- B. Obtain a 12-lead electrocardiogram**
- C. Implement fluid restriction
- D. Administer steroids as prescribed

Obtaining a 12-lead electrocardiogram is a critical intervention for a patient diagnosed with Kawasaki disease because this condition can lead to complications involving the cardiovascular system, such as myocarditis or coronary artery aneurysms. A 12-lead ECG allows healthcare providers to monitor the heart's rhythm and detect any potential abnormalities that may arise due to inflammation or other cardiac issues associated with Kawasaki disease. Kawasaki disease is an acute vasculitis primarily affecting children, and close cardiac monitoring is essential to manage potential risks effectively. By performing a 12-lead ECG, clinicians can assess any changes in heart function or signs of ischemia, providing essential information for ongoing patient management and treatment planning.

7. What is a common cause of wheezing in infants?

- A. Environmental allergies
- B. Respiratory syncytial virus (RSV) infection
- C. Exposure to cigarette smoke
- D. All of the above**

Wheezing in infants can be attributed to multiple factors, and the presence of various causes highlights the complexity of respiratory issues in this age group. Respiratory syncytial virus (RSV) infection is one of the leading viral causes of wheezing and can lead to bronchiolitis, characterized by inflammation of the small airways, resulting in wheezing sounds as air moves through narrowed passages. Environmental allergies can also play a significant role, as infants exposed to allergens such as pollen, dust mites, or pet dander may experience bronchospasm and wheezing. Exposure to cigarette smoke is another critical factor, as it is known to irritate the respiratory system and can increase susceptibility to respiratory infections, which in turn can lead to wheezing. The collective acknowledgment of these factors reinforces the understanding that multiple environmental and biological triggers can contribute to wheezing in infants, making the selection of all of the above a comprehensive and accurate choice.

8. What is the most appropriate intervention when a child experiences frequent vomiting after taking digoxin?

- A. Repeat the dose
- B. Monitor the child closely
- C. Withhold the next dose if vomiting occurs**
- D. Administer another antiemetic

When a child experiences frequent vomiting after taking digoxin, withholding the next dose if vomiting occurs is the most appropriate intervention. Digoxin is a medication that can be toxic if not administered correctly, and vomiting may indicate that the child is unable to retain the medication in their system. Withholding the dose helps prevent further gastrointestinal irritation and reduces the risk of potential digoxin toxicity. In a clinical setting, it is critical to consider the child's overall condition, as frequent vomiting may reflect underlying issues that need to be addressed. In contrast to repeating the dose, which could exacerbate toxicity and persistence of symptoms, or monitoring closely without taking any action, which could leave the child at risk for further vomiting and complications, withholding the dose prioritizes the safety and well-being of the child. Additionally, administering another antiemetic does not address the root cause of the vomiting related to the digoxin intake and may not be an effective solution without first determining why the child is vomiting. Thus, the decision to withhold the next dose aligns with safe medication administration practices and follows the principle of "do no harm."

9. What age group is most at risk for sudden infant death syndrome (SIDS)?

- A. Infants under 1 month of age
- B. Infants between 1 month and 1 year of age**
- C. Children aged 1 to 3 years
- D. Children over 3 years of age

The age group that is most at risk for sudden infant death syndrome (SIDS) is infants between 1 month and 1 year of age. This period is critical as SIDS typically occurs in infants during their first year of life, with the highest incidence being between 2 and 4 months. During this time, infants may be more vulnerable due to factors such as immature cardiorespiratory control and sleep patterns, making it a window of increased risk. Statistical data support the prevalence of SIDS in this specific age group, leading to refining guidelines for safe sleep practices aimed at reducing risks. Recommendations include placing infants on their backs to sleep, avoiding soft bedding, and ensuring that they share a room, but not a bed, with parents. The focus on this age group helps caregivers understand when to implement these safety measures most effectively.

10. For a child with allergic rhinitis, what outcome puts the child at the highest risk?

- A. Impaired sleep
- B. Decreased school performance
- C. An asthma attack**
- D. Irritability

In children with allergic rhinitis, the outcome that places them at the highest risk is an asthma attack. Allergic rhinitis and asthma are closely related; one condition can exacerbate the other. When a child has allergic rhinitis, exposure to allergens can lead to increased airway inflammation and hyperreactivity, which can trigger an asthma attack. Children who experience allergic rhinitis are at a greater risk for developing asthma and experiencing exacerbations. An asthma attack can have immediate and severe consequences, including difficulty breathing, wheezing, and even respiratory failure in severe cases. Managing allergic rhinitis effectively is crucial not only for alleviating nasal symptoms but also for preventing asthma-related complications. Thus, focusing on preventing asthma attacks in children with allergic rhinitis is paramount for their overall health and safety. While impaired sleep, decreased school performance, and irritability are concerning outcomes that can result from allergies, their immediate impact on the child's health is less acute compared to the risk of an asthma attack. The potential severity and immediacy of an asthma attack make it the primary concern in this context.

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!

SAMPLE