

ARCHER CHILD HEALTH CARDIO/ RESPIRATORY PRACTICE TEST (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.

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. What is often the first sign of respiratory complications in a child?**
 - A. Shortness of breath
 - B. Choking
 - C. Coughing
 - D. Fever
- 2. In the case of a 1-month-old with a sudden cardiac arrest, which pulse is best to palpate to assess circulatory status?**
 - A. Brachial
 - B. Femoral
 - C. Carotid
 - D. Radial
- 3. Which symptoms would lead a nurse to suspect epiglottitis in a 2-year-old?**
 - A. Barking cough and fever
 - B. Drooling and stridor
 - C. Rash and fever
 - D. Cough without fever
- 4. What are the criteria for diagnosing asthma in children?**
 - A. High blood pressure and wheezing
 - B. Persistent cough alone
 - C. History of wheezing, daytime symptoms, night-time awakenings, and response to bronchodilators
 - D. Sudden weight loss and shortness of breath
- 5. What item should be at the bedside for a child who has had a near drowning incident?**
 - A. Warm isotonic fluids
 - B. Advanced airway
 - C. Rectal thermometer
 - D. Defibrillator

- 6. What is the typical respiratory rate range for children aged 1 to 5 years?**
- A. 10-20 breaths per minute
 - B. 20-30 breaths per minute
 - C. 30-40 breaths per minute
 - D. 40-50 breaths per minute
- 7. Which of the following is considered an early sign of heart failure in children?**
- A. Bradycardia
 - B. Tachypnea
 - C. Weight loss
 - D. Palpitations
- 8. What is the most therapeutic response when a mother of a sick infant is crying?**
- A. "Don't worry, your baby will be fine."
 - B. "I can see you're upset, would you like to talk?"
 - C. "I'm sure this is hard, but your baby is fine."
 - D. "Other babies here are worse off."
- 9. Which of the following indicates the presence of an obstructive airway condition in a child?**
- A. Persistent high fever
 - B. Wheezing and coughing
 - C. Crackles and rhonchi
 - D. Barrel chest and retractions
- 10. Which medication class is used for long-term control of asthma symptoms?**
- A. Short-acting beta-agonists
 - B. Inhaled corticosteroids
 - C. Leukotriene modifiers
 - D. Antihistamines

Answers

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

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Explanations

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1. What is often the first sign of respiratory complications in a child?

- A. Shortness of breath
- B. Choking
- C. Coughing**
- D. Fever

Coughing is often the first sign of respiratory complications in a child because it serves as the body's primary defense mechanism to clear the airways of irritants, foreign particles, or excess mucus. In many respiratory conditions, such as infections, allergies, or asthma, coughing can occur as a reflex action triggered by inflammation or irritation in the respiratory tract. In children, particularly, coughing can indicate the onset of various respiratory problems even before more severe symptoms develop, such as shortness of breath or changes in respiratory rate. Early recognition of coughing allows for timely intervention and management of underlying issues, reducing the risk of progression to more serious respiratory distress or complications. Shortness of breath, choking, and fever may indeed occur alongside respiratory illnesses, but they are typically seen as secondary signs. Choking indicates a more acute and immediate danger often related to obstructions, shortness of breath suggests more severe respiratory distress, and fever usually signals an underlying infection rather than being the initial presentation. Therefore, coughing is a key early indicator that can guide a caregiver to seek further evaluation and care.

2. In the case of a 1-month-old with a sudden cardiac arrest, which pulse is best to palpate to assess circulatory status?

- A. Brachial**
- B. Femoral
- C. Carotid
- D. Radial

In a 1-month-old infant, the brachial pulse is the most appropriate pulse to palpate to assess circulatory status during a sudden cardiac arrest. When dealing with young infants, particularly those under the age of 1, the brachial artery is more accessible and is generally recommended for pulse checks. The brachial pulse is located along the inner arm and is easily palpated. Infants have smaller body sizes and less muscular development, which makes some pulses, like the carotid or radial, more challenging to assess or less reliable compared to the brachial pulse. The femoral pulse could also be an option, but it is typically recommended to first check the brachial pulse, especially in emergency scenarios where quick assessments are necessary. Palpating the brachial pulse allows for a quick evaluation of perfusion and circulation in critical situations, making it the best choice for this age group.

3. Which symptoms would lead a nurse to suspect epiglottitis in a 2-year-old?

- A. Barking cough and fever
- B. Drooling and stridor**
- C. Rash and fever
- D. Cough without fever

The presence of drooling and stridor in a 2-year-old child would indeed raise suspicion for epiglottitis, a potentially life-threatening condition that requires immediate medical attention. Drooling occurs because the child may have difficulty swallowing due to inflammation and swelling of the epiglottis, leading to an inability to handle saliva properly. Stridor is a high-pitched, wheezing sound produced during breathing when there is obstruction or narrowing of the airway, indicative of respiratory distress that can accompany epiglottitis. Both of these symptoms highlight an obstruction in the airway or significant swelling, which are characteristic signs of epiglottitis. This condition often progresses rapidly, and the combination of drooling and stridor specifically indicates both a difficulty in swallowing and a compromised airway, which are critical to recognize in this clinical scenario. Other symptoms like barking cough and fever might suggest croup, while rash and fever could indicate other infections, and cough without fever is less suggestive of epiglottitis. Recognizing the hallmark signs of epiglottitis, such as drooling and stridor, enables timely intervention and treatment.

4. What are the criteria for diagnosing asthma in children?

- A. High blood pressure and wheezing
- B. Persistent cough alone
- C. History of wheezing, daytime symptoms, night-time awakenings, and response to bronchodilators**
- D. Sudden weight loss and shortness of breath

The criteria for diagnosing asthma in children primarily focus on recognizing symptoms that indicate inflammation and bronchial hyperreactivity, common characteristics of asthma. The correct option emphasizes a combination of factors: a history of wheezing, the presence of daytime symptoms, the occurrence of night-time awakenings due to breathing difficulties, and a positive response to bronchodilators. Wheezing, a whistling sound during breathing, is a hallmark of asthma and indicates airway obstruction. Daytime symptoms can affect a child's ability to participate in normal activities, while night-time awakenings due to respiratory issues are critical, as they suggest uncontrolled asthma. Furthermore, the response to bronchodilators serves as a functional test to assess reversibility of airway obstruction, which is central to an asthma diagnosis. These criteria together provide a comprehensive understanding of the child's respiratory health and align with established asthma guidelines. Other options highlight symptoms or conditions that do not specifically or reliably indicate asthma. High blood pressure does not relate to asthma diagnostics, and persistent cough alone is too broad and can point to various conditions without the specific indicators of asthma. Sudden weight loss, although concerning, is not associated with asthma and requires further investigation for other underlying issues.

5. What item should be at the bedside for a child who has had a near drowning incident?

- A. Warm isotonic fluids
- B. Advanced airway**
- C. Rectal thermometer
- D. Defibrillator

After a near-drowning incident, the child's airway and breathing are of utmost concern. Having an advanced airway at the bedside is crucial because near-drowning can lead to respiratory complications such as aspiration, pulmonary edema, or hypoxia. In cases where the child's respiratory function is impaired, advanced airway management, which may involve intubation or other methods to secure the airway, is necessary to ensure adequate oxygenation and ventilation. While warm isotonic fluids are important for managing potential hypothermia or rehydration, and a rectal thermometer can be used to monitor the child's temperature, neither of these items directly addresses immediate respiratory support needs. Similarly, a defibrillator is valuable in cases of cardiac arrest, but it is not specific to managing the aftermath of a near-drowning incident unless the child shows signs of cardiac complications. Thus, having an advanced airway available is essential for preparedness in managing the critical airway management that may be required after such an incident.

6. What is the typical respiratory rate range for children aged 1 to 5 years?

- A. 10-20 breaths per minute
- B. 20-30 breaths per minute**
- C. 30-40 breaths per minute
- D. 40-50 breaths per minute

The typical respiratory rate range for children aged 1 to 5 years is 20-30 breaths per minute. This range is based on pediatric physiology, which indicates that younger children generally have higher respiratory rates compared to adults. As children grow, their respiratory rates gradually decrease, reflecting their increased lung capacity and efficiency. In this age group, the average respiratory rate is significantly influenced by developmental factors and the demand for oxygen during periods of activity or rest. Knowing the normal range is crucial for healthcare providers and caregivers to identify potential respiratory distress or abnormalities. Deviations from this range may indicate underlying respiratory conditions that require further assessment and intervention.

7. Which of the following is considered an early sign of heart failure in children?

- A. Bradycardia
- B. Tachypnea**
- C. Weight loss
- D. Palpitations

Tachypnea is recognized as an early sign of heart failure in children due to its correlation with respiratory distress and compromised cardiac function. When the heart struggles to pump effectively, it can lead to poor oxygen delivery to tissues and organs, prompting faster breathing as the body attempts to compensate for decreased oxygen levels. This increased respiratory rate can be a direct reaction to the insufficient cardiac output seen in heart failure situations. In contrast, bradycardia, which refers to an abnormally slow heart rate, is typically not an early sign of heart failure and may indicate severe cardiac dysfunction instead. Weight loss is often associated with a prolonged condition and can occur due to decreased appetite or increased metabolic demands but is not an immediate indicator of heart failure. Palpitations, while they may occur, are not commonly observed in the early stages of heart failure in children and can be associated with other conditions. Thus, increased respiratory rate is the most direct and immediate response observed in early heart failure cases, making tachypnea a key sign to monitor in pediatric patients.

8. What is the most therapeutic response when a mother of a sick infant is crying?

- A. "Don't worry, your baby will be fine."
- B. "I can see you're upset, would you like to talk?"**
- C. "I'm sure this is hard, but your baby is fine."
- D. "Other babies here are worse off."

The most therapeutic response in this situation is to acknowledge the mother's emotional distress and offer her an opportunity to communicate her feelings. By saying, "I can see you're upset, would you like to talk?", the healthcare provider validates her feelings and opens the door for her to express her concerns and fears. This approach fosters a supportive environment where the mother feels heard and understood, which can be crucial during such a distressing time. Acknowledging her emotions can help build rapport, facilitate better communication, and ultimately assist the mother in coping with her anxiety about her infant's health. This empathetic response aligns with best practices in providing compassionate care, as it encourages the sharing of feelings, rather than minimizing or dismissing them. Such an interaction can significantly improve the mother's experience and foster her emotional well-being.

9. Which of the following indicates the presence of an obstructive airway condition in a child?

- A. Persistent high fever
- B. Wheezing and coughing**
- C. Crackles and rhonchi
- D. Barrel chest and retractions

Wheezing and coughing are significant indicators of obstructive airway conditions in children, such as asthma or bronchitis. Wheezing is a high-pitched whistling sound made while breathing, particularly evident during exhalation, and it indicates that the airway is narrowed or obstructed. Coughing often accompanies wheezing and can be a reflex action to clear mucus, irritants, or obstructions from the airways. Together, these symptoms suggest that the child is experiencing difficulty in airflow, which is characteristic of obstructive airway challenges. Persistent high fever might indicate an infection but is not specific to obstructive conditions. Crackles and rhonchi are also abnormal lung sounds but can indicate other respiratory issues, such as fluid in the lungs or mucus in the airways, rather than specifically pointing to obstruction. Barrel chest and retractions can indicate chronic obstructive pulmonary disease or respiratory distress, but they are not as directly indicative of the immediate obstructive airway events as wheezing and coughing are.

10. Which medication class is used for long-term control of asthma symptoms?

- A. Short-acting beta-agonists
- B. Inhaled corticosteroids**
- C. Leukotriene modifiers
- D. Antihistamines

Inhaled corticosteroids are the primary medication class used for long-term control of asthma symptoms due to their ability to reduce inflammation in the airways. By decreasing inflammation, these medications help to prevent the occurrence of asthma exacerbations and improve overall respiratory function. They are considered the cornerstone of asthma management because they address one of the underlying causes of the disease—airway inflammation. Regular use can significantly decrease the need for rescue medications and improve patients' quality of life. Short-acting beta-agonists are effective for quick relief during an asthma attack but do not provide long-term control. Leukotriene modifiers can also help manage symptoms, but inhaled corticosteroids are generally more effective in controlling inflammation. Antihistamines are primarily used for allergic symptoms and do not address the underlying inflammation in asthma. Thus, inhaled corticosteroids are the most appropriate choice for long-term asthma control.

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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