

ATI Nursing Care of Children Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of questions,

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 from reliable sources accurate, complete, and timely information about this product.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	6
Answers	9
Explanations	11
Next Steps	17

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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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!

SAMPLE

Questions

- 1. What intervention involves monitoring neurological responses in children with head injuries?**
 - A. Glasgow Coma Scale assessment**
 - B. Pulse oximetry**
 - C. Blood pressure monitoring**
 - D. Temperature check**
- 2. What is the recommended needle gauge for IM injections in children?**
 - A. 18-20 gauge**
 - B. 22-25 gauge**
 - C. 27-30 gauge**
 - D. 26-28 gauge**
- 3. What are some risk factors associated with seizures?**
 - A. Cerebral edema, fever, trauma**
 - B. Allergic reactions to medications**
 - C. High blood pressure, diabetes, stress**
 - D. Genetic predisposition and sedentary lifestyle**
- 4. Which activity is most appropriate for promoting physical development in school-age children?**
 - A. Video games**
 - B. Board games**
 - C. Organized sports**
 - D. Reading**
- 5. Which behavior is indicative of a toddler's response to hospitalization?**
 - A. Experiences separation anxiety**
 - B. Describes pain in detail**
 - C. Displays organized play**
 - D. Understands cause and effect**

- 6. What should be done to prepare for possible intubation in a child with bacterial epiglottitis?**
- A. Prepare IV access**
 - B. Have intubation supplies ready**
 - C. Notify the pediatrician only after symptoms worsen**
 - D. Order a chest X-ray**
- 7. What is an essential nursing check for a child in a hip spica cast?**
- A. Frequent skin checks**
 - B. Daily blood tests**
 - C. Mainly observing for appetite**
 - D. Monitoring stool frequency**
- 8. How many words should an infant understand by the age of 1 year?**
- A. 1-2 words**
 - B. 3-5 words**
 - C. 6-8 words**
 - D. 10-15 words**
- 9. What is the duration of loss of consciousness in absent seizures?**
- A. Less than 5 seconds**
 - B. 5 to 10 seconds**
 - C. 10 to 15 seconds**
 - D. More than 30 seconds**
- 10. Which safety initiative is important for preschoolers when riding tricycles?**
- A. No supervision required**
 - B. Protective gear**
 - C. Only riding indoors**
 - D. Using training wheels**

Answers

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

SAMPLE

Explanations

SAMPLE

1. What intervention involves monitoring neurological responses in children with head injuries?

A. Glasgow Coma Scale assessment

B. Pulse oximetry

C. Blood pressure monitoring

D. Temperature check

Monitoring neurological responses in children with head injuries is crucial for assessing the level of consciousness and potential brain injury severity. The Glasgow Coma Scale (GCS) is specifically designed for this purpose. It evaluates three key parameters: eye opening, verbal response, and motor response, each of which provides valuable information about the child's neurological status. The scale allows healthcare providers to assign a score that reflects the child's level of consciousness, enabling them to monitor changes over time. This is particularly important in the context of head injuries, where early detection of deterioration can significantly impact patient outcomes. In contrast, assessing pulse oximetry, blood pressure monitoring, and temperature checks, while important aspects of overall health, do not directly evaluate neurological function. These assessments are more focused on oxygen saturation, cardiovascular stability, and thermoregulation, rather than specifically addressing the neurological implications of a head injury. Thus, utilizing the Glasgow Coma Scale provides a focused and effective approach to monitoring neurological responses in this patient population.

2. What is the recommended needle gauge for IM injections in children?

A. 18-20 gauge

B. 22-25 gauge

C. 27-30 gauge

D. 26-28 gauge

The recommended needle gauge for intramuscular (IM) injections in children is within the 22-25 gauge range. This gauge size strikes a balance between allowing for adequate medication flow while minimizing discomfort for the child. When performing IM injections in children, it is important to consider both the viscosity of the medication being administered and the thickness of the child's muscle tissue. A needle gauge in the 22-25 range is typically optimal for most vaccines and medications administered in this manner, as it provides enough lumen to facilitate the injection of various types of injectables, which often include vaccines or other therapeutic agents. Choosing a needle gauge that is too large, such as in the 18-20 range, can lead to increased pain and potential trauma to the muscle tissue, which can be distressing for pediatric patients. Smaller gauges, like those in the 27-30 range, while less painful, may not be ideal for many of the medications that require IM administration as they may not allow for an effective delivery of thicker solutions. In summary, selecting a needle size within the 22-25 gauge range is considered best practice for administering IM injections in children, promoting both effectiveness and comfort.

3. What are some risk factors associated with seizures?

- A. Cerebral edema, fever, trauma**
- B. Allergic reactions to medications**
- C. High blood pressure, diabetes, stress**
- D. Genetic predisposition and sedentary lifestyle**

The presence of cerebral edema, fever, and trauma are recognized risk factors associated with seizures. Cerebral edema can result from various causes, such as infections, head injuries, and other neurological conditions, leading to increased intracranial pressure that may provoke seizures. Fever, particularly in children, is commonly linked to febrile seizures, as elevated body temperature can trigger abnormal electrical activity in the brain. Trauma, including concussions and other head injuries, may disrupt normal brain function and can lead to seizure episodes. Other options, while they may relate to different health conditions, do not directly correlate to common risk factors for seizures. Allergic reactions to medications may lead to other adverse effects but are not a direct cause of seizures. High blood pressure, diabetes, and stress can contribute to overall health complications but are not specifically recognized as direct risk factors for seizures. Genetic predisposition does play a role in some cases of epilepsy, but a sedentary lifestyle is not typically associated with an increased risk of seizures.

4. Which activity is most appropriate for promoting physical development in school-age children?

- A. Video games**
- B. Board games**
- C. Organized sports**
- D. Reading**

Organized sports are particularly effective for promoting physical development in school-age children because they provide structured opportunities for children to engage in physical activity, enhance their motor skills, and encourage teamwork and social interaction. Participation in organized sports helps improve coordination, strength, endurance, and overall physical fitness, which are crucial aspects of development during this stage. In addition to the physical benefits, organized sports often teach children important life skills such as discipline, cooperation, and the ability to deal with both winning and losing. Engaging in regular physical activity through sports also contributes to healthier habits that can carry into adolescence and adulthood. While video games, board games, and reading can contribute to cognitive and social development in various ways, they do not directly promote physical activity or development in the same manner as organized sports do. Video games, especially sedentary ones, can encourage inactivity, and although board games can enhance critical thinking and social skills, they lack a physical component. Reading is essential for cognitive growth but does not influence physical development directly. Therefore, organized sports stands out as the most appropriate activity for fostering the physical development of school-age children.

5. Which behavior is indicative of a toddler's response to hospitalization?

- A. Experiences separation anxiety**
- B. Describes pain in detail**
- C. Displays organized play**
- D. Understands cause and effect**

Experiencing separation anxiety is a common behavior observed in toddlers when faced with hospitalization. At this developmental stage, children typically form strong attachments to their primary caregivers, and being away from them can lead to heightened anxiety and distress. This reaction is a natural response as toddlers are still learning about the concept of object permanence, which means they may not fully grasp that their caregivers will return after an absence. Separation anxiety in toddlers can manifest through crying, clinginess, or even physical signs of distress when separated from their parents or guardians. Recognizing this behavior is crucial for healthcare providers as it can impact a child's overall experience and coping abilities in a hospital setting. Providing comfort measures, familiar items, or the presence of a caregiver can help alleviate these feelings and support the child's emotional well-being during hospitalization.

6. What should be done to prepare for possible intubation in a child with bacterial epiglottitis?

- A. Prepare IV access**
- B. Have intubation supplies ready**
- C. Notify the pediatrician only after symptoms worsen**
- D. Order a chest X-ray**

In the context of preparing for possible intubation in a child with bacterial epiglottitis, having intubation supplies ready is crucial due to the rapid progression of airway obstruction that can occur with this condition. Bacterial epiglottitis is characterized by inflammation and swelling of the epiglottis, which can lead to significant respiratory distress and potential airway compromise. Having intubation supplies readily available ensures that if the child's condition deteriorates and they require emergency airway management, the healthcare team can act swiftly and efficiently. Timely intervention is essential, as delayed intubation can lead to life-threatening situations. While establishing IV access is important for fluid administration and medication delivery, it does not directly address the immediate need for airway management in cases of severe respiratory distress. Notifying the pediatrician after symptoms worsen would not be appropriate, as proactive measures are necessary in situations where the child's airway may be compromised. Ordering a chest X-ray is useful in certain diagnostic scenarios but is not immediately relevant in the context of preparing for intubation due to epiglottitis, where rapid assessment and intervention are prioritized.

7. What is an essential nursing check for a child in a hip spica cast?

- A. Frequent skin checks**
- B. Daily blood tests**
- C. Mainly observing for appetite**
- D. Monitoring stool frequency**

Frequent skin checks are crucial for a child in a hip spica cast because the cast can lead to pressure sores and skin irritation due to its rigid structure. The cast immobilizes the pelvis and lower limbs, which can cause areas of the skin to be under constant pressure, especially if the cast is not fitted correctly or if any part of the child's body is rubbing against the cast itself. Additionally, the child's mobility is restricted, making it more challenging to adjust or reposition themselves, further increasing the risk of skin breakdown. By performing regular skin checks, the nurse can assess for any areas of redness, irritation, or breakdown that may indicate that the skin is compromised. Early identification and intervention are key to preventing complications associated with cast use. Monitoring for skin integrity is a priority to ensure that the child does not develop infections or serious skin conditions related to the cast. While other options may be important in the overall care of the child, they don't address the specific immediate concerns associated with prolonged immobilization due to a hip spica cast.

8. How many words should an infant understand by the age of 1 year?

- A. 1-2 words**
- B. 3-5 words**
- C. 6-8 words**
- D. 10-15 words**

At around the age of 1 year, infants typically understand a few words as they begin to develop their language skills. Understanding of 3-5 words is in alignment with developmental milestones established in pediatric health. By this age, infants may start to recognize and respond to simple commands or familiar words such as "mama," "dada," or the names of familiar objects. Recognizing this level of comprehension is important for caregivers and healthcare professionals, as it helps to track a child's language development and overall cognitive growth. Following this typical trajectory aids in identifying any potential delays or concerns early on in the child's development, allowing for timely intervention if needed.

9. What is the duration of loss of consciousness in absent seizures?

- A. Less than 5 seconds**
- B. 5 to 10 seconds**
- C. 10 to 15 seconds**
- D. More than 30 seconds**

In absent seizures, the duration of loss of consciousness typically lasts for a very brief period, generally around 5 to 10 seconds. During this time, the individual may appear to be staring blankly into space and will not respond to external stimuli. This brief interruption of consciousness can sometimes go unnoticed by others, especially if it occurs in a familiar setting. The characteristic nature of absent seizures is their quick onset and resolution, making them distinct from other types of seizures that may cause longer periods of impairment. The other timeframes given in the options are not accurate for absent seizures. Loss of consciousness lasting less than 5 seconds would generally be too short to be clinically recognized as an absent seizure, while durations exceeding 10 seconds, such as those listed as 10 to 15 seconds or more than 30 seconds, tend to be associated with other forms of seizures, such as generalized tonic-clonic seizures, which involve more significant motor activity and a longer recovery time.

10. Which safety initiative is important for preschoolers when riding tricycles?

- A. No supervision required**
- B. Protective gear**
- C. Only riding indoors**
- D. Using training wheels**

Protective gear is essential for preschoolers when riding tricycles because it significantly reduces the risk of injury in the event of a fall or collision. At this stage of development, children are still developing their coordination and balance, making them more prone to accidents. Wearing helmets, knee pads, and elbow pads provides an extra layer of safety that can help prevent serious injuries, such as head trauma or skin abrasions. The other options do not align with best practices for ensuring the safety of preschoolers while riding tricycles. For instance, stating that no supervision is required neglects the important role that adult oversight plays in monitoring safe play and intervention when necessary. Limiting tricycle use to only indoors can restrict a child's opportunity to develop motor skills in a more diverse setting, while training wheels are typically associated with bicycles rather than tricycles, and would not be applicable in this context. Thus, emphasizing the use of protective gear is the most effective safety initiative for young children in this scenario.

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://atinursingcareofchildren.examzify.com>

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