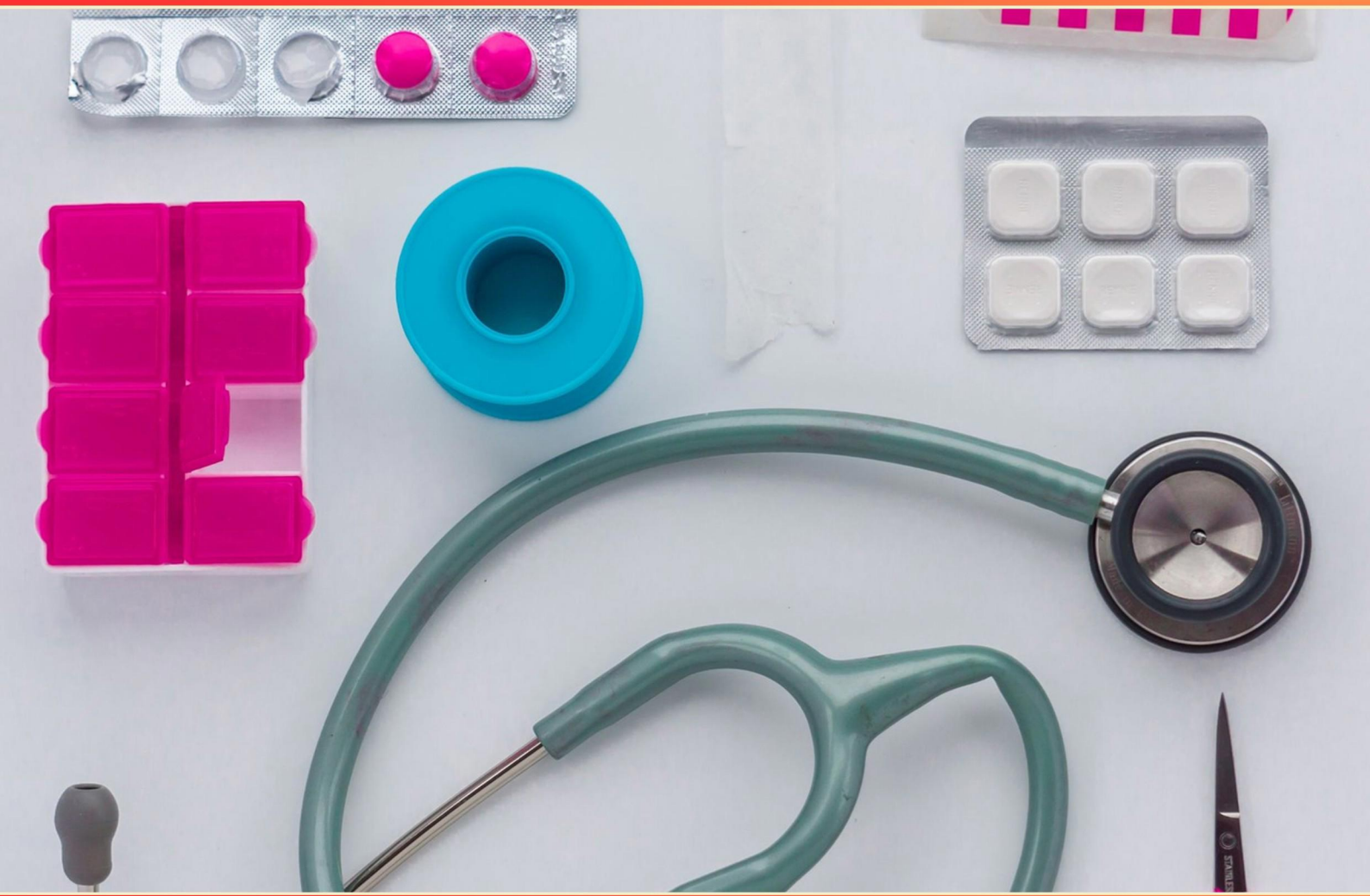
ATI NURSING CARE OF CHILDREN PRACTICE EXAM (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence

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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

1. What immunization is administered at birth?

A. Varicella

B. DTP

C. Hepatitis B

D. MMR

2. What is the desired range for SpO2 levels in children?

A. 90-95%

B. 85-90%

C. 95-100%

D. 100-105%

3. In family dynamics, why is it important to recognize stressors?

A. They only affect children

B. They can lead to changes in family structure

C. They are rarely significant

D. They have no impact on parental behavior

4. By 3 months, what is a typical gross motor development milestone?

A. Infants should roll from back to side

B. Infants should only have slight head lag

C. Infants should sit unsupported

D. Infants should be able to hold a bottle

5. What diagnostic criterion is used to confirm diabetes mellitus?

A. 8-hour fasting blood glucose of less than 100

B. Random blood glucose of 150

C. 8-hour fasting blood glucose of 126 or higher

D. Oral glucose tolerance of 120

6. How would you classify a parent stating, "my son knows he better do what I say"?

A. Authoritarian

B. Permissive

C. Authoritative

D. Passive

7. What characterizes passive parenting?

A. Parents are actively involved in their child's life

B. Parents model and reinforce positive behaviors

C. Parents are indifferent and emotionally removed from their child

D. Parents set strict guidelines and expectations

8. During a well-child visit, which of the following findings should be reported for a 2.5-year-old toddler?

A. Height increased by 7.5 cm in the past year

B. Head circumference exceeds chest circumference

C. Anterior and posterior fontanels are closed

D. Current weight equals four times the birth weight

9. At what age should solids be introduced to an infant's diet?

A. 2 to 4 months

B. 4 to 6 months

C. 6 to 8 months

D. 8 to 12 months

10. What is a potential consequence of oxygen toxicity?

A. Increased heart rate

B. Hypoventilation and loss of consciousness

C. Improved lung function

D. Enhanced respiratory drive

Answers

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

Explanations

1. What immunization is administered at birth?

A. Varicella

B. DTP

C. Hepatitis B

D. MMR

The immunization administered at birth is the Hepatitis B vaccine. This vaccine is important because it protects infants from the Hepatitis B virus, which can lead to serious liver infections and chronic liver disease later in life. Administering this vaccine at birth helps ensure early protection, especially for infants who may be at higher risk of exposure, such as those born to mothers with Hepatitis B or when the mother's status is unknown. In contrast, the other vaccines mentioned are scheduled for administration at different ages. Varicella, which protects against chickenpox, is typically given when the child is around 12 to 15 months old. The DTP (Diphtheria, Tetanus, and Pertussis) vaccine is administered in a series starting at 2 months of age. The MMR vaccine, which protects against measles, mumps, and rubella, is usually given between 12 and 15 months of age. Therefore, Hepatitis B stands out as the only vaccine given at birth, making it crucial for early immunity against Hepatitis B.

2. What is the desired range for SpO2 levels in children?

A. 90-95%

B. 85-90%

C. 95-100%

D. 100-105%

The desired range for SpO2 (peripheral capillary oxygen saturation) levels in children is typically between 95% and 100%. This range indicates that the child is receiving adequate oxygenation, which is crucial for maintaining proper cellular function and overall health. Oxygen saturation levels lower than 95% may indicate hypoxemia, which can lead to significant health issues, including impaired organ function and respiratory distress. Saturation levels above 100% do not occur naturally and could suggest measurement error or false readings, as SpO2 values cannot exceed 100% in typical physiological conditions. Maintaining SpO2 levels within this optimal range is essential for ensuring that children receive enough oxygen for their bodies to function effectively, especially during periods of illness or respiratory distress.

3. In family dynamics, why is it important to recognize stressors?

A. They only affect children

B. They can lead to changes in family structure

C. They are rarely significant

D. They have no impact on parental behavior

Recognizing stressors in family dynamics is essential because they have the potential to lead to changes in family structure. Stressors can arise from various sources such as financial issues, health problems, or relationship conflicts, and they often exert pressure on family members. When these stressors are significant enough, they can alter how family members relate to one another and impact their roles within the family system. For instance, a parent facing job loss may become withdrawn or anxious, which can change the interaction patterns within the family. Children may respond to this change by acting out or exhibiting signs of anxiety, thereby affecting family functioning. These alterations in behavior and dynamics underscore the importance of identifying and understanding stressors, as addressing them can foster healthier family relationships and stability. In contrast, not all stressors are trivial or insignificant, as indicated in other choices. It is crucial to acknowledge that stressors can affect both children and adults and significantly influence parenting behaviors, indicating a need for a comprehensive approach to family support and intervention. Therefore, recognizing stressors is vital for fostering resilience and adaptability within the family unit.

4. By 3 months, what is a typical gross motor development milestone?

A. Infants should roll from back to side

B. Infants should only have slight head lag

C. Infants should sit unsupported

D. Infants should be able to hold a bottle

At 3 months of age, a typical gross motor development milestone is that infants exhibit only slight head lag when pulled to a sitting position. At this stage, infants are developing the strength in their neck and upper body, which allows them to have some control over their head movements. As they practice pushing up while lying on their stomachs, their head and neck muscles strengthen, leading to a gradual decrease in head lag. This milestone reflects a key phase in infant development, where they are beginning to gain better control and coordination of their movements. Although they are not yet able to hold their heads completely steady or sit up unsupported, the ability to manage slight head lag is an important indicator of their progressing motor skills and muscle tone. The other milestones associated with the other choices typically occur at later ages. Rolling from back to side and sitting unsupported are milestones that usually develop later in infancy, around 4-6 months for rolling and by 8 months or later for unsupported sitting. Holding a bottle is often achieved around 6-7 months of age. Thus, the ability to demonstrate only slight head lag by 3 months is the most accurate representation of gross motor development for that age group.

5. What diagnostic criterion is used to confirm diabetes mellitus?

A. 8-hour fasting blood glucose of less than 100

B. Random blood glucose of 150

C. 8-hour fasting blood glucose of 126 or higher

D. Oral glucose tolerance of 120

The criterion for diagnosing diabetes mellitus is an 8-hour fasting blood glucose level of 126 mg/dL or higher. This measurement is critical because it reflects the body's ability to regulate blood sugar levels properly after a period without food intake. When blood glucose levels reach or exceed 126 mg/dL, it indicates that the body is not adequately producing or responding to insulin, leading to sustained high levels of glucose in the bloodstream. This threshold has been established by health organizations such as the American Diabetes Association as a key diagnostic marker for diabetes. Other thresholds, such as a fasting blood glucose of less than 100 mg/dL, indicate normal glucose metabolism, while a random blood glucose of 150 mg/dL alone does not provide sufficient context to diagnose diabetes without other corroborating information. An oral glucose tolerance test that results in a level of 120 mg/dL falls within the range of normal and does not meet the criteria for diagnosing diabetes either.

6. How would you classify a parent stating, "my son knows he better do what I say"?

A. Authoritarian

B. Permissive

C. Authoritative

D. Passive

The statement "my son knows he better do what I say" aligns well with the characteristics of authoritarian parenting. This style is characterized by high demands and low responsiveness. Parents who adopt this approach often prioritize obedience and discipline, expecting their children to follow rules without question. They typically enforce strict guidelines and maintain control over their children's behavior, which can lead to a lack of open communication and the child's autonomy being overlooked. In authoritarian households, the parent's authority is seldom disputed, and the focus is on asserting control. This can result in children feeling pressured to comply due to fear of consequences rather than understanding or internalizing the reasons behind the rules. Parents may emphasize obedience as a primary metric of success in parenting, contributing to a dynamic where children may not feel comfortable expressing their own thoughts or feelings. Other parenting styles, such as permissive, authoritative, and passive, reflect different underlying philosophies and approaches to discipline, communication, and the fostering of independence. In permissive households, parents are more lenient and may avoid setting firm boundaries. Authoritative parenting strikes a balance between responsiveness and demandingness, promoting both communication and mutual respect. Passive parenting lacks sufficient involvement and structure, leading to children having little guidance. None of these styles match the commanding tone conveyed in

7. What characterizes passive parenting?

A. Parents are actively involved in their child's life

B. Parents model and reinforce positive behaviors

C. Parents are indifferent and emotionally removed from their child

D. Parents set strict guidelines and expectations

Passive parenting is characterized by a lack of involvement and emotional engagement from parents towards their children. This parenting style often results in parents being indifferent and less responsive to their children's needs, which can lead to a variety of developmental challenges for the child. When parents are emotionally removed, they fail to provide the support, guidance, and structure that children require to thrive. This can manifest in missed opportunities for teaching important life skills and behaviors, ultimately affecting the child's social, emotional, and cognitive development. In contrast to other parenting styles that promote active involvement, reinforcement of positive behaviors, or the imposition of strict guidelines, passive parenting typically leads to less supervision and fewer boundaries, resulting in a lack of direction for the child.

8. During a well-child visit, which of the following findings should be reported for a 2.5-year-old toddler?

A. Height increased by 7.5 cm in the past year

B. Head circumference exceeds chest circumference

C. Anterior and posterior fontanels are closed

D. Current weight equals four times the birth weight

For a 2.5-year-old toddler, head circumference exceeding chest circumference is a finding that should be reported. In infants and toddlers, the normal pattern of growth typically has head circumference larger than chest circumference at a very young age due to rapid brain growth. However, by the age of 2, the growth pattern begins to shift, and the chest circumference starts to exceed head circumference. This change reflects normal neurodevelopment and growth. If the head circumference remains larger than the chest circumference in a child at this age, it may indicate possible underlying issues that require further evaluation, such as hydrocephalus or other developmental concerns. Therefore, this finding is significant and should be reported to ensure the child is developing appropriately. The other findings do not typically indicate a need for immediate concern at this age. Height increases of 7.5 cm in a year is normal for toddlers, and complete closure of the anterior and posterior fontanels is expected by this age. A weight that equals four times the birth weight is also a standard milestone for toddlers and fits within the normal range of growth.

9. At what age should solids be introduced to an infant's diet?

A. 2 to 4 months

B. 4 to 6 months

C. 6 to 8 months

D. 8 to 12 months

Introducing solids at 4 to 6 months is aligned with current pediatric guidelines, which advise that this is the optimal age range for introducing complementary foods alongside breast milk or formula. At around 4 to 6 months, infants typically develop the necessary motor skills, such as sitting up with support and showing interest in food, and their digestive systems are better equipped to handle solids. Starting solids too early, such as at 2 to 4 months, may pose a risk of digestive issues, allergies, and inadequate nutrition since breast milk or formula suffices for their needs during the earlier months. Conversely, delaying the introduction of solids until after 6 months may increase the risk of feeding difficulties and can contribute to iron deficiency as breast milk and formula alone might not provide sufficient iron as the infant grows. Thus, introducing solids during the 4 to 6 month window is a critical aspect of healthy infant nutrition and development.

10. What is a potential consequence of oxygen toxicity?

A. Increased heart rate

B. Hypoventilation and loss of consciousness

C. Improved lung function

D. Enhanced respiratory drive

Oxygen toxicity occurs when a patient is exposed to high levels of oxygen for extended periods, particularly at higher pressures, such as in hyperbaric oxygen therapy or in patients receiving long-term supplemental oxygen. One significant consequence of this condition is hypoventilation, which is a reduction in breathing rate and depth. This can lead to inadequate gas exchange and hypoxemia (low oxygen levels in the blood). Consequently, when hypoventilation becomes severe, it can result in loss of consciousness due to a critical drop in oxygen levels reaching the brain. In contrast to the other responses, the correct answer highlights a serious complication associated with excessive oxygen exposure. Increased heart rate can occur due to various stressors and isn't directly linked specifically to oxygen toxicity alone. Improved lung function and enhanced respiratory drive generally describe beneficial responses to oxygen therapy, contrasting with the harmful effects of oxygen toxicity, thus making them unlikely outcomes 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://atinursingcareofchildren.examzify.com

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