

Burns Pediatric 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. In a well-child asthma visit, a child on a daily medium-dose inhaled corticosteroid (ICS) shows poor control with a SABA that provides temporary relief. What is the best next step?**
 - A. Have the parent administer all of the child's medications.**
 - B. Increase the ICS medication to a high-dose preparation.**
 - C. Reinforce teaching about the importance of using the SABA.**
 - D. Teach the child and parent how to use home PEF monitoring.**

- 2. In evaluating suspected school refusal in a school-age child with recurrent stomach pain and headaches, what should the clinician initially ask the parent?**
 - A. How well the child performs in school and in extracurricular activities**
 - B. Whether there are any unusual stressors or circumstances at home**
 - C. About the timing of the symptoms each day and during the week**
 - D. If the parent feels a strong need to protect the child from problems**

- 3. Which lab value is most concerning in an infant with fever and a suspected bacterial infection?**
 - A. C-reactive protein 11.5 mg/L**
 - B. Lymphocyte count 8.7**
 - C. Platelet count 475**
 - D. White blood cell count 14**

- 4. Which screening tool is used to evaluate ADHD symptoms in children 6-18?**
 - A. Behavioral and Emotional Screening System for Children (BESS-2)**
 - B. Behavioral Assessment for Children - 2nd Ed. (BASC-2)**
 - C. Conner's 3 Parent and Teacher Rating Scale**
 - D. Pediatric Symptom Checklist (PSC)**

- 5. Which statement about the health status of children in the United States is true?**
- A. Globalism has relatively little impact on child health measures in the U.S.**
 - B. Obesity rates among 2- to 5-year-olds have shown a recent significant decrease.**
 - C. The rate of household poverty is lower than in other economically developed nations.**
 - D. Young children who attend preschool or day care have higher food insecurity.**
- 6. A child is brought in after falling from a swing and scraping both knees and hands. An examination reveals abraded skin with oozing serous fluid and blood, along with dirt and grime from the playground surface. What will the primary care pediatric nurse practitioner do to minimize the risk of infection?**
- A. Apply povidone-iodine to all areas.**
 - B. Irrigate gently with normal saline.**
 - C. Rinse with hydrogen peroxide.**
 - D. Scrub the abraded areas with alcohol.**
- 7. Positive Ortolani and Barlow signs in a 6-month-old infant not previously noted in the medical record; what is the correct treatment?**
- A. Spica cast**
 - B. Pavlik harness**
 - C. Surgical intervention**
 - D. Triple diapering**
- 8. A child sustains head injury with vomiting and slurred speech after a fall. What course of action is warranted?**
- A. Observe the child in the clinic for several hours.**
 - B. Send the child home with instructions for follow-up.**
 - C. Admit the child to the hospital for a neurology consult.**
 - D. Order a head CT and observe the child at home.**

- 9. For lichen simplex chronicus with pruritus, which statement about occlusive dressings is correct?**
- A. Apply ointment before the dressing.**
 - B. The dressing should be applied to damp skin.**
 - C. Plastic wrap should not be used.**
 - D. Change the dressing twice daily.**
- 10. A child presents with gross hematuria, abdominal pain, arthralgia, and a purpuric rash. Which diagnosis is most likely?**
- A. Rhabdomyosarcoma**
 - B. Systemic lupus erythematosus**
 - C. Sickle cell disease**
 - D. Henoch-Schönlein purpura**

Answers

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

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Explanations

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- 1. In a well-child asthma visit, a child on a daily medium-dose inhaled corticosteroid (ICS) shows poor control with a SABA that provides temporary relief. What is the best next step?**
 - A. Have the parent administer all of the child's medications.**
 - B. Increase the ICS medication to a high-dose preparation.**
 - C. Reinforce teaching about the importance of using the SABA.**
 - D. Teach the child and parent how to use home PEF monitoring.**

Objective monitoring of asthma control with home peak expiratory flow (PEF) measurements provides real-time data on airway variability and how the child is responding to treatment. When a child on daily inhaled corticosteroids still has poor control despite using a short-acting beta-agonist, the best next step is to obtain objective information before changing therapy. Teaching the child and parent how to perform and track home PEF helps quantify control, reveal day-to-day variability, assess adherence and inhaler technique, and uncover patterns related to triggers or symptoms. This data guides whether to adjust anti-inflammatory therapy, address adherence or technique, or modify environmental factors. Without objective data, simply increasing ICS or overemphasizing rescue inhaler use may be inappropriate or ineffective. Home PEF monitoring sets up a plan to monitor response to any future change and tailor therapy accordingly.

- 2. In evaluating suspected school refusal in a school-age child with recurrent stomach pain and headaches, what should the clinician initially ask the parent?**
 - A. How well the child performs in school and in extracurricular activities**
 - B. Whether there are any unusual stressors or circumstances at home**
 - C. About the timing of the symptoms each day and during the week**
 - D. If the parent feels a strong need to protect the child from problems**

Understanding how symptoms track with the school schedule is the most informative starting point. In suspected school refusal, stomach pain and headaches that occur mainly on or before school days—and improve on weekends or holidays—point to psychosocial stress related to school, rather than a fixed medical illness. Asking about the timing of symptoms across each day and throughout the week helps reveal this pattern quickly, guiding whether the next steps should focus on school-related anxiety, anticipatory distress, or need for supportive interventions at school and at home. Asking about how the child is performing in school or in activities can provide context, but it doesn't immediately identify whether the symptoms are tied to school attendance. Inquiring about home stressors or parental protectiveness is helpful for broader context, but these are not the most direct way to establish the link between symptoms and school-related avoidance.

3. Which lab value is most concerning in an infant with fever and a suspected bacterial infection?

- A. C-reactive protein 11.5 mg/L**
- B. Lymphocyte count 8.7**
- C. Platelet count 475**
- D. White blood cell count 14**

In infants with fever and a suspected bacterial infection, a marker of systemic inflammation is especially informative. C-reactive protein (CRP) is produced by the liver in response to inflammatory signals (like IL-6) and rises quickly when bacteria are involved. This makes CRP a useful indicator of an active bacterial process and helps gauge the severity and the need for prompt treatment. Seeing a CRP level of 11.5 mg/L signals that there is an inflammatory response ongoing, which is more specific to bacterial infection than the other listed values in this scenario. White blood cell count can be normal or only mildly elevated in infants with infection, and while platelet count can rise during inflammation, it is not as directly tied to an acute infectious process. Lymphocyte count in infants can vary with age and illness and doesn't point as clearly to bacterial involvement as CRP does. So, the CRP elevation is the most concerning finding here because it directly reflects the body's inflammatory response to possible bacterial infection and helps inform decisions about assessment, monitoring, and treatment.

4. Which screening tool is used to evaluate ADHD symptoms in children 6-18?

- A. Behavioral and Emotional Screening System for Children (BESS-2)**
- B. Behavioral Assessment for Children - 2nd Ed. (BASC-2)**
- C. Conner's 3 Parent and Teacher Rating Scale**
- D. Pediatric Symptom Checklist (PSC)**

ADHD screening hinges on rating scales that capture how often specific symptoms occur in different settings, using input from people who know the child well. The Conners 3 Rating Scales are built exactly for this purpose: they target ADHD-related behaviors and map onto DSM-5 criteria, with separate forms for parents and teachers to rate what they observe at home and at school. In kids aged 6-18, this tool provides focused subscales for Inattention and Hyperactivity-Impulsivity, plus a Combined score and impairment indicators, helping determine whether symptom levels are clinically concerning and whether they impair functioning across contexts. Relying on multiple informants is key because ADHD symptoms should appear in more than one environment, and teachers often notice classroom-related patterns while parents see daily-life impacts. Other screening tools measure broad emotional or behavioral problems rather than ADHD-specific symptom patterns, so they aren't as well-suited for identifying ADHD risk. A full evaluation would also include clinical interview and medical assessment to rule out other causes and to explore possible comorbidities.

5. Which statement about the health status of children in the United States is true?
- A. Globalism has relatively little impact on child health measures in the U.S.
 - B. Obesity rates among 2- to 5-year-olds have shown a recent significant decrease.**
 - C. The rate of household poverty is lower than in other economically developed nations.
 - D. Young children who attend preschool or day care have higher food insecurity.

The situation being tested is how health indicators for U.S. children have changed over time, specifically the trend in obesity among preschoolers. The statement that obesity rates among children aged 2 to 5 have shown a recent significant decrease is the best answer because national data over the past decade or so show a real downward trend in this age group. This decline has been linked to public health efforts aimed at young children and their families, including better nutrition through programs like WIC and CACFP, improved school and childcare meal standards, increased availability of healthy foods, and greater emphasis on physical activity and reducing sugary beverage consumption in early childhood settings. These factors collectively contribute to fewer preschoolers being classified as obese. The other statements don't fit as well. Globalization does influence child health by shaping food environments, marketing, and disease exposure, so saying it has little impact isn't accurate. The United States does not have a lower rate of household poverty compared with other developed nations; in fact, child poverty remains relatively high here, contributing to health disparities. Lastly, attending preschool or day care is not associated with higher food insecurity; access to meal programs in many early care settings often helps reduce food insecurity for participating families rather than increase it.

6. A child is brought in after falling from a swing and scraping both knees and hands. An examination reveals abraded skin with oozing serous fluid and blood, along with dirt and grime from the playground surface. What will the primary care pediatric nurse practitioner do to minimize the risk of infection?
- A. Apply povidone-iodine to all areas.
 - B. Irrigate gently with normal saline.**
 - C. Rinse with hydrogen peroxide.
 - D. Scrub the abraded areas with alcohol.

The key step is thorough but gentle wound cleansing to reduce bacterial load and remove debris. Irrigating with sterile normal saline flushes out dirt and microbes from the abraded skin without harming the healing tissue, creating a clean environment that supports faster, safer healing. Other common antiseptics—povidone-iodine, hydrogen peroxide, and alcohol—can damage viable tissue, delay healing, and may worsen infection risk when used on open wounds. So, the best approach to minimize infection is to rinse with normal saline and then proceed with appropriate dressing and follow-up, including checking tetanus status as indicated.

7. Positive Ortolani and Barlow signs in a 6-month-old infant not previously noted in the medical record; what is the correct treatment?

- A. Spica cast
- B. Pavlik harness**
- C. Surgical intervention
- D. Triple diapering

Positive Ortolani and Barlow signs mean the hip is unstable in an infant, consistent with developmental dysplasia of the hip. For a 6-month-old, the best initial treatment is a Pavlik harness. This device keeps the hip in flexion and abduction, guiding the femoral head into the acetabulum and allowing normal growth while avoiding a full surgical procedure. The goal is to achieve and maintain reduction nonoperatively, with regular clinical and imaging follow-up to ensure the hip stays reduced and to monitor for potential complications like avascular necrosis. If reduction cannot be achieved or maintained with the harness, or if the child is older or diagnosis is delayed, then surgical options such as closed reduction with a spica cast or open reduction become necessary. Spica casting is typically used after a successful reduction or in older infants, not as the first-line treatment for a reducible hip. Triple diapering is not effective for DDH management.

8. A child sustains head injury with vomiting and slurred speech after a fall. What course of action is warranted?

- A. Observe the child in the clinic for several hours.
- B. Send the child home with instructions for follow-up.
- C. Admit the child to the hospital for a neurology consult.**
- D. Order a head CT and observe the child at home.

When a child sustains head trauma and presents with vomiting and slurred speech, these signs raise concern for possible intracranial injury and evolving neurologic compromise. Vomiting can indicate increased intracranial pressure, and slurred speech points to impaired brain function; in children, deterioration can progress rapidly, so careful in-hospital evaluation is essential rather than hoping symptoms will improve with home care. Admitting the child for a neurology consult ensures close neurologic monitoring and timely decisions about imaging, such as a head CT, to rule out hemorrhage or fracture and to guide appropriate treatment. Observing in clinic or sending the child home with follow-up could miss a developing problem, and attempting to manage at home with CT later is not as safe as inpatient assessment with immediate access to imaging and specialty care.

9. For lichen simplex chronicus with pruritus, which statement about occlusive dressings is correct?

- A. Apply ointment before the dressing.**
- B. The dressing should be applied to damp skin.**
- C. Plastic wrap should not be used.**
- D. Change the dressing twice daily.**

Occlusion increases skin hydration and helps topical medications penetrate better, which is especially useful in lichen simplex chronicus to reduce itching and break the itch-scratch cycle. The best approach is to apply the ointment directly to the lesion first, then cover it with the occlusive dressing. This sequence ensures the medication is present on the skin and can be absorbed under the occlusion, maximizing effectiveness. Applying the dressing to damp skin can lead to maceration and washes away the medication, reducing its impact. The use of plastic wrap as an occlusive cover can be appropriate in some cases, but the critical point is that the ointment should be applied before occlusion to maintain proper delivery. Dressing changes are usually less frequent to maintain continuous absorption, rather than changing twice daily.

10. A child presents with gross hematuria, abdominal pain, arthralgia, and a purpuric rash. Which diagnosis is most likely?

- A. Rhabdomyosarcoma**
- B. Systemic lupus erythematosus**
- C. Sickle cell disease**
- D. Henoch-Schönlein purpura**

This presentation is classic for Henoch-Schönlein purpura, now known as IgA vasculitis. The combination of palpable purpura with abdominal pain, arthralgia, and kidney involvement (gross hematuria) reflects a small-vessel vasculitis with IgA immune complex deposition that affects the skin, gut, joints, and kidneys. The purpura is typically palpable and located on the buttocks and legs, arising from leukocytoclastic vasculitis rather than a platelet problem. Abdominal pain comes from vasculitis of the gastrointestinal tract and can be colicky, sometimes with GI complications; arthritis is common in large joints. Renal involvement can range from mild hematuria to more significant proteinuria, echoing IgA nephropathy in the kidneys. This condition often follows a recent upper respiratory infection and is usually self-limited, with most cases resolving in weeks, though renal monitoring is important because some children can have ongoing kidney involvement. Treatments focus on supportive care, with attention to hydration and pain control; steroids may be used for severe abdominal pain or renal involvement if needed.

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://burnspediatric.examzify.com>

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

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