BURNS PEDIATRIC PRACTICE TEST (SAMPLE)

STUDY GUIDE

SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://burnspediatric.examzify.com

Table of Contents

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. Which statement best describes the effect of 6 months of suppressive oral acyclovir following neonatal herpes treatment?

A. Increases risk of bacterial infections

B. Reduces recurrences of mucocutaneous lesions and improves neurodevelopmental outcomes

C. Is unnecessary

D. Causes neutropenia

2. For a 6-year-old who dislikes school and fakes illness, what should be asked first?

A. About School Performance and Grades

B. Why School Is So Distressing

C. To Name One or Two Friends

D. Whether Bullying Is Taking Place

3. During an initial visit for a developmentally delayed toddler, the family asks about community services. What should the nurse practitioner do first?

A. Ask the parents if they have an individualized family service plan (IFSP).

B. Consult with a physician to ensure the child gets appropriate care.

C. Inform the family that services are provided when the child begins school.

D. Refer the family to a social worker for assistance with referrals and services.

4. Which feature is characteristic of pityriasis rosea?

A. Contagious

B. Involves the face

C. Herald patch

D. Severe pruritus

5. PCV7 was replaced by which pneumococcal vaccine in 2010?

A. PCV23

B. PCV7

C. PCV13

D. PCV33

6. If cognitive-behavioral therapy is not effective for mild to moderate tic disorders, what is the next recommended step?

A. Consultation with a pediatric behavioral specialist and consideration of medications

B. Cutting hair

C. Long-term anti-streptococcal prophylaxis

D. Medication with risperidone or clonidine

7. Why are some vaccines delayed until 12 months, such as MMR?

A. Febrile seizures are more likely in younger infants with some vaccines.

B. Maternal antibodies neutralize some vaccines and are delayed until 12 months.

C. The risk of adverse effects is lower for some vaccines after the first year.

D. Too many vaccines at once can overwhelm the infant's immune system.

8. A school-age child becomes frustrated when unable to perform tasks, has frequent temper tantrums, irritability, and poor sleep. Which disorder is most likely?

A. Generalized anxiety disorder (GAD)

B. Obsessive-compulsive disorder (OCD)

C. PANDAS

D. Separation anxiety disorder (SAD)

9. When do language and literacy skills begin?

A. Preschool is an optimal time to begin general learning.

B. Intellectual growth begins when speech develops.

C. Language and literacy skills begin at birth.

D. Cognitive learning begins during toddler years.

10. In a child with cerebral palsy and athetosis with poor weight gain, which specialty consultation is prioritized to address GERD and nutrition?

A. Feeding clinic to manage caloric intake.

B. Neurology to assess medication needs.

C. Pulmonology for possible tracheotomy.

D. Surgery for possible fundoplication and gastrostomy.

Answers

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

Explanations

1. Which statement best describes the effect of 6 months of suppressive oral acyclovir following neonatal herpes treatment?

A. Increases risk of bacterial infections

B. Reduces recurrences of mucocutaneous lesions and improves neurodevelopmental outcomes

C. Is unnecessary

D. Causes neutropenia

Suppressive oral acyclovir for six months after neonatal herpes targets ongoing viral activity that can cause recurrent mucocutaneous lesions and, more importantly, potential CNS damage. By keeping viral replication in check during this early period, recurrences are reduced and the risk of neurodevelopmental impairment diminishes, leading to better developmental outcomes. It doesn't raise risk for bacterial infections, isn't unnecessary for infants with neonatal HSV, and neutropenia is not a typical outcome of this regimen. The main benefit is fewer recurrences and improved neurodevelopmental prognosis.

2. For a 6-year-old who dislikes school and fakes illness, what should be asked first?

A. About School Performance and Grades

B. Why School Is So Distressing

C. To Name One or Two Friends

D. Whether Bullying Is Taking Place

When a young child avoids school or fakes illness, the most useful first question is to invite them to name one or two friends at school. This taps directly into their social world, which is a major driver of how they feel about attending class at this age. If they can easily identify friends, it suggests they have at least some peer support and a positive social anchor, which can buffer distress and guide you toward understanding how those relationships affect their school experience. It also opens a natural, non-threatening path to explore social dynamics—like whether they feel included or if a particular peer interaction is bothering them—without forcing discussions about academics or discipline right away. Asking about friends is more developmentally appropriate and approachable for a 6-year-old than jumping straight to grades or trying to parse the reasons school is distressing. Inquiries about grades don't yield meaningful information at this age, since formal performance metrics aren't the same as in older students. Directly probing why school is distressing can come next, once you've established who their support network is and whether they have peers they trust. Asking about bullying is important too, but starting with naming friends quickly reveals whether social connections exist and can set the stage for deeper questions about safety and peer interactions.

3. During an initial visit for a developmentally delayed toddler, the family asks about community services. What should the nurse practitioner do first?

A. Ask the parents if they have an individualized family service plan (IFSP).

B. Consult with a physician to ensure the child gets appropriate care.

C. Inform the family that services are provided when the child begins school.

D. Refer the family to a social worker for assistance with referrals and services.

Early intervention for children under three is organized through an individualized family service plan (IFSP) that coordinates services in the child's natural environment. Asking the family whether they already have an IFSP is the natural first step because it quickly shows whether there is an existing plan to build on and what services are already in place or needed. If an IFSP exists, you review it and help connect the family with the listed services and goals. If there isn't one, you begin the evaluation and eligibility process to establish an IFSP and arrange appropriate supports in the home or community. School-based services or IEPs are not the starting point for a child under three; they come into play later, typically when the child enters preschool or kindergarten. While referrals to a social worker or physician involvement can be part of coordinating care, the initial action should be to determine the status of an IFSP and initiate or update the plan accordingly.

4. Which feature is characteristic of pityriasis rosea?

A. Contagious

B. Involves the face

C. Herald patch

D. Severe pruritus

Pityriasis rosea usually begins with a herald patch—an oval, salmon-colored patch that appears on the trunk or proximal limbs. This single patch often goes noticed at first, but it signals the start of the classic course: a secondary eruption that follows a Christmas-tree pattern on the back and chest. The condition is typically self-limited and not contagious, facial involvement is uncommon, and severe itching is not the defining feature (pruritus, if present, is usually mild to moderate). So the herald patch is the hallmark feature that best fits pityriasis rosea.

5. PCV7 was replaced by which pneumococcal vaccine in 2010?

A. PCV23

B. PCV7

C. PCV13

D. PCV33

Broader serotype coverage in pneumococcal vaccines reduces disease more effectively. PCV7 protected seven pneumococcal serotypes, but disease caused by non-covered serotypes persisted, and strains like 19A became more common and sometimes harder to treat. To broaden protection, a newer vaccine that includes more serotypes was developed, and in 2010 health authorities recommended substituting this 13-valent vaccine for PCV7 in the routine pediatric vaccination schedule. This 13-valent formulation adds several serotypes not present in PCV7, expanding protection against invasive pneumococcal disease in children. The other option is not the standard pediatric replacement in 2010: the 23-valent polysaccharide vaccine is used mainly in adults and some high-risk groups, not as the primary pediatric series. The older vaccine is PCV7, and PCV33 isn't part of the licensed pediatric vaccines. So, the vaccine that replaced PCV7 in 2010 is PCV13.

6. If cognitive-behavioral therapy is not effective for mild to moderate tic disorders, what is the next recommended step?

A. Consultation with a pediatric behavioral specialist and consideration of medications

B. Cutting hair

C. Long-term anti-streptococcal prophylaxis

D. Medication with risperidone or clonidine

When CBT trials don't yield meaningful improvement in mild to moderate tic disorders, the next step is to bring in a pediatric behavioral specialist and consider medications. A pediatric behavioral specialist can reassess the diagnosis, optimize behavioral approaches (potentially adjusting or expanding to CBIT), and coordinate with a clinician on pharmacotherapy. Medications such as alpha-2 adrenergic agonists (like clonidine or guanfacine) or antipsychotics (such as risperidone) can reduce tic severity, chosen based on tic burden, comorbid conditions, and side-effect profiles. Other options listed—like hair cutting or long-term anti-streptococcal prophylaxis—aren't standard treatments for typical tic disorders, so they aren't appropriate next steps.

7. Why are some vaccines delayed until 12 months, such as MMR?

A. Febrile seizures are more likely in younger infants with some vaccines.

B. Maternal antibodies neutralize some vaccines and are delayed until 12 months.

C. The risk of adverse effects is lower for some vaccines after the first year.

D. Too many vaccines at once can overwhelm the infant's immune system.

Maternal antibodies that the infant receives at birth can interfere with certain vaccines, especially live vaccines like MMR. These antibodies can neutralize the vaccine viruses before the infant's own immune system can respond, making the vaccine less effective. By about 12 months, the levels of those maternal antibodies have waned enough that the MMR vaccine can replicate safely enough to elicit a good immune response and provide long-lasting protection. That's why the first dose of MMR is scheduled around 12 months.

8. A school-age child becomes frustrated when unable to perform tasks, has frequent temper tantrums, irritability, and poor sleep. Which disorder is most likely?

A. Generalized anxiety disorder (GAD)

B. Obsessive-compulsive disorder (OCD)

C. PANDAS

D. Separation anxiety disorder (SAD)

Generalized anxiety in children presents as persistent, excessive worry about many everyday things that the child has difficulty controlling, often with irritability, restlessness, and sleep problems. In this scenario, the school-age child shows frustration when tasks can't be completed, frequent temper outbursts and irritability, and poor sleep—all common signs of underlying anxiety that is broad and not tied to a single trigger. The worries and tension can manifest as tantrums and sleep disturbance as the child's anxious thoughts intrude at bedtime and during the day. This fits better than other options because obsessive-compulsive disorder would involve intrusive thoughts and repetitive rituals to reduce anxiety, not described here. PANDAS would require an abrupt onset of OCD-like symptoms or tics following a streptococcal infection, which isn't mentioned. Separation anxiety would center on distress about being away from caregivers or home, especially in contexts like school, rather than a general pattern of worry about multiple domains and associated irritability and sleep disturbance.

9. When do language and literacy skills begin?

A. Preschool is an optimal time to begin general learning.

B. Intellectual growth begins when speech develops.

C. Language and literacy skills begin at birth.

D. Cognitive learning begins during toddler years.

Language development and early literacy start from birth. The brain is ready to take in language from the very beginning, and infants can hear and begin to distinguish sounds, rhythms, and voices even in the earliest days. They engage in prelinguistic vocalizations—cooing and babbling—that lay down the sound structure of language. As babies grow, they start to understand words and gestures and gradually build an expressive vocabulary. This growing language base is the essential foundation for literacy later on; everyday activities like talking with a baby, reading aloud, singing, and responding to a child's attempts to communicate all strengthen these skills and set the stage for reading and writing as they develop. So, while formal literacy instruction comes later, the roots are planted at birth through rich language experiences. The other options imply later starting points or hinge on narrower ideas, but the broad, early formation of language and literacy begins right from birth.

10. In a child with cerebral palsy and athetosis with poor weight gain, which specialty consultation is prioritized to address GERD and nutrition?

A. Feeding clinic to manage caloric intake.

B. Neurology to assess medication needs.

C. Pulmonology for possible tracheotomy.

D. Surgery for possible fundoplication and gastrostomy.

In children with cerebral palsy and athetosis who have poor weight gain, the most impactful way to improve both reflux control and nutrition is a surgical approach that addresses both problems directly. Fundoplication strengthens the barrier at the gastroesophageal junction to reduce GERD and prevent reflux-related aspiration, while adding a gastrostomy tube provides a reliable, long-term means to deliver calories even when swallowing is limited or unsafe. This combination tackles the two main barriers to growth—reflux and inadequate intake—making a surgical consultation the most effective next step. Feeding clinics are valuable for optimizing caloric intake and swallowing therapies, but they don't definitively solve severe GERD or establish a dependable feeding route. Neurology focuses on movement disorders and medications, and pulmonology handles airway/lung issues; neither directly resolves the dual needs of reflux control and reliable nutrition delivery 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://burnspediatric.examzify.com

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