

Capstone 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. Which finding indicates that a 6-month-old infant has moderate dehydration?**
 - A. Tachycardia**
 - B. Tachypnea**
 - C. Dry mucous membranes**
 - D. Decreased urine output**
- 2. Which manifestation should be included as an exacerbation of asthma in a school-age child?**
 - A. Wheezing and shortness of breath**
 - B. Hacking, non-productive cough**
 - C. Chest pain during exercise**
 - D. Frequent nocturnal awakenings**
- 3. How should parents administer antibiotic eardrops to an infant with acute otitis media?**
 - A. Tilt the child's head backwards**
 - B. Massage the anterior area of the infant's ear following administration**
 - C. Secure the child in a horizontal position**
 - D. Place the baby in a sitting position**
- 4. Which symptom indicates a possible complication of viral gastroenteritis in children?**
 - A. Loose stools**
 - B. Dehydration**
 - C. Elevated temperature**
 - D. Vomiting**
- 5. What dietary restriction may be necessary for a child with phenylketonuria (PKU)?**
 - A. Avoidance of foods containing phenylalanine**
 - B. Increased intake of carbohydrates**
 - C. Restriction of all dairy products**
 - D. Limitation of protein from all sources**

- 6. What finding should the nurse expect in an 8-year-old child diagnosed with acute glomerulonephritis?**
- A. Abdominal pain**
 - B. Periorbital edema**
 - C. Coughing**
 - D. Diarrhea**
- 7. What is the first step in assessing a child's pain?**
- A. Use a validated pain assessment tool**
 - B. Ask the child how they feel**
 - C. Check the child's vital signs**
 - D. Review the child's medical history**
- 8. What symptom may indicate a child is experiencing an air embolism during a blood transfusion?**
- A. Nausea and vomiting**
 - B. Sharp pain in the middle of the chest**
 - C. Increased heart rate**
 - D. High fever**
- 9. What indicates that an adolescent understands how to use a peak expiratory flow meter?**
- A. I will do the test only once a day**
 - B. I will record the highest reading of three attempts**
 - C. I will only share my results with my friends**
 - D. I will not use it when I feel well**
- 10. What finding during a well-child visit for a 6-month-old infant should be reported to the provider?**
- A. The infant is teething**
 - B. The infant does not roll over from his abdomen to his back**
 - C. The infant is able to sit with support**
 - D. The infant responds to his name**

Answers

SAMPLE

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

SAMPLE

Explanations

1. Which finding indicates that a 6-month-old infant has moderate dehydration?

- A. Tachycardia**
- B. Tachypnea**
- C. Dry mucous membranes**
- D. Decreased urine output**

The finding that indicates a 6-month-old infant has moderate dehydration is the presence of dry mucous membranes. When an infant is moderately dehydrated, one of the key signs is the condition of their mucous membranes. Inadequate fluid intake often leads these membranes to become dry and less moist, which is a clear indicator of dehydration. While tachycardia, tachypnea, and decreased urine output are also signs that may suggest dehydration, they are more general and can occur due to a variety of other reasons related to the infant's overall health status. For example, an increased heart rate (tachycardia) can occur due to fever, anxiety, or other physiological factors, and does not specifically point to moderate dehydration. Similarly, rapid breathing (tachypnea) can be attributed to respiratory issues or other medical conditions beyond dehydration. Decreased urine output is a critical symptom of dehydration, but it can also indicate other issues with renal function or fluid balance. In contrast, the specific observation of dry mucous membranes provides a direct indication of the body's fluid status and is a commonly recognized clinical sign used to gauge dehydration levels in infants. Therefore, this choice is the most indicative of moderate dehydration in a 6-month-old.

2. Which manifestation should be included as an exacerbation of asthma in a school-age child?

- A. Wheezing and shortness of breath**
- B. Hacking, non-productive cough**
- C. Chest pain during exercise**
- D. Frequent nocturnal awakenings**

The exacerbation of asthma in a school-age child is characterized by specific signs and symptoms related to the underlying airway inflammation and bronchoconstriction that occur during an asthma attack. Wheezing and shortness of breath are classic manifestations of asthma exacerbations, as the narrowing of the airways leads to these specific respiratory difficulties. A hacking, non-productive cough can occur in various conditions, but it is not necessarily a hallmark of an asthma exacerbation. Instead, a cough that is associated with asthma is typically more pronounced, can be accompanied by wheezing, and is often worse at night or early morning. Chest pain during exercise, while it may be concerning, is not a direct symptom of asthma exacerbation itself. Rather, it would generally signal a need for evaluation of other potential causes for the discomfort that can occur during physical exertion. Frequent nocturnal awakenings are significant in the context of asthma because they may indicate poorly controlled asthma. Children with asthma often experience nighttime symptoms due to nighttime airway inflammation, so this is a critical component to understand in the management of the condition. Thus, the most characteristic manifestation of an exacerbation of asthma in a school-age child notably includes wheezing and shortness of breath, as these directly reflect

3. How should parents administer antibiotic eardrops to an infant with acute otitis media?

A. Tilt the child's head backwards

B. Massage the anterior area of the infant's ear following administration

C. Secure the child in a horizontal position

D. Place the baby in a sitting position

Administering antibiotic eardrops to an infant requires proper technique to ensure the medication is delivered effectively and to help maximize its benefits. When parents massage the anterior area of the infant's ear following administration, it promotes the distribution of the eardrops in the ear canal. This action can help facilitate the absorption of the medication and ensure it reaches the affected areas, enhancing its therapeutic effect. This practice is particularly important for infants, as their ear canals are not fully developed, and the angle may differ from that of older children or adults. Gently massaging the area can help prevent the drops from pooling and assist in moving the medication deeper into the ear. In contrast, while tilting the child's head backwards or securing the child in a horizontal position may seem beneficial, they do not effectively support the intended action of the drops after administration. Additionally, placing the baby in a sitting position might not provide the optimal angle for the medication to travel down the ear canal, which is why these methods may not be the most effective choices.

4. Which symptom indicates a possible complication of viral gastroenteritis in children?

A. Loose stools

B. Dehydration

C. Elevated temperature

D. Vomiting

Dehydration is a significant complication of viral gastroenteritis in children because this condition often leads to a loss of fluids and electrolytes due to diarrhea and vomiting. When a child experiences gastroenteritis, their gastrointestinal tract is inflamed, causing frequent loose stools and vomiting, which can quickly lead to dehydration. Signs of dehydration in children include decreased urine output, dry mouth and tongue, sunken eyes, and lethargy. Assessing hydration status is critical in managing children with viral gastroenteritis, as adequate hydration is essential for recovery. It's vital for healthcare providers to monitor for these signs and intervene appropriately, as severe dehydration may require intravenous fluids and medical attention. While loose stools, elevated temperature, and vomiting are common symptoms associated with viral gastroenteritis, they do not directly indicate a complication in the same way that dehydration does. Recognizing dehydration is crucial to ensure timely and effective treatment.

5. What dietary restriction may be necessary for a child with phenylketonuria (PKU)?

- A. Avoidance of foods containing phenylalanine**
- B. Increased intake of carbohydrates**
- C. Restriction of all dairy products**
- D. Limitation of protein from all sources**

For a child with phenylketonuria (PKU), the primary dietary restriction involves the avoidance of foods containing phenylalanine. PKU is a genetic disorder characterized by the body's inability to properly metabolize phenylalanine, an amino acid found in high-protein foods such as meat, dairy, eggs, and certain nuts and soy products. When phenylalanine accumulates in the body, it can lead to severe neurological damage and cognitive impairment. Thus, managing PKU effectively requires a specialized diet that strictly limits phenylalanine intake. This means that parents and caregivers need to be vigilant in reading labels and avoiding foods that contain this amino acid to help prevent the harmful effects associated with its buildup. The other dietary options proposed may not directly address the core issue of PKU. For instance, while increased carbohydrate intake can be a part of a balanced diet, it does not mitigate the risks associated with phenylalanine consumption. Likewise, restricting all dairy products is not specifically necessary unless they contain phenylalanine; some dairy alternatives without phenylalanine can be suitable. Limiting protein from all sources is also not practical as the child needs to receive adequate nutrition; rather, the focus should be on reducing

6. What finding should the nurse expect in an 8-year-old child diagnosed with acute glomerulonephritis?

- A. Abdominal pain**
- B. Periorbital edema**
- C. Coughing**
- D. Diarrhea**

In a child diagnosed with acute glomerulonephritis, one of the hallmark findings is periorbital edema. This condition involves inflammation of the glomeruli in the kidneys, which can lead to an increase in capillary permeability. As fluid leaks into the interstitial tissues, it often accumulates in areas around the eyes, leading to characteristic swelling in the periorbital region. This edema is typically more pronounced in the morning and can also occur in other areas of the body, such as the legs, but periorbital swelling is a classic sign that nurses and healthcare providers are particularly vigilant for. Other symptoms associated with acute glomerulonephritis may include hematuria (blood in the urine), proteinuria (excess protein in the urine), hypertension, and decreased urine output. While abdominal pain, coughing, and diarrhea may occur due to various conditions, they are not specific findings associated with acute glomerulonephritis. Thus, recognizing periorbital edema as a key indicator helps guide the assessment and management of this condition in pediatric patients.

7. What is the first step in assessing a child's pain?

A. Use a validated pain assessment tool

B. Ask the child how they feel

C. Check the child's vital signs

D. Review the child's medical history

Using a validated pain assessment tool as the first step in assessing a child's pain is a sound approach because it provides a systematic and objective method to evaluate pain levels. These tools are designed to cater specifically to the developmental stage of children and can help quantify pain through age-appropriate scales, ensuring that findings are consistent and reliable. This method not only helps in obtaining an accurate assessment of the child's pain but also facilitates effective communication between the healthcare provider and the child. While asking the child how they feel is essential and often part of the process, relying solely on the child's verbal report can be less effective, particularly in younger children or those with communication challenges. Checking vital signs could give insight into the child's overall condition, but it does not specifically assess pain levels. Reviewing the medical history is important for context but does not directly inform about current pain status. Therefore, initiating the assessment with a validated tool enhances the accuracy and effectiveness of pain management.

8. What symptom may indicate a child is experiencing an air embolism during a blood transfusion?

A. Nausea and vomiting

B. Sharp pain in the middle of the chest

C. Increased heart rate

D. High fever

A sharp pain in the middle of the chest is a significant indicator of an air embolism during a blood transfusion. This condition occurs when air enters the vascular system, which can block blood flow and lead to severe complications. The chest pain often results from the sudden obstruction in the blood vessels, affecting the heart and lungs. When air enters the bloodstream, it creates a gas bubble that can travel through the circulation and potentially lodge in the pulmonary arteries or the heart, leading to a range of cardiovascular issues. The sharp nature of the pain is often described by patients as distinctive and concerning. While symptoms like nausea and vomiting, increased heart rate, and high fever can occur due to various conditions or transfusion reactions, they are not specific indicators of an air embolism. Nausea and vomiting can arise from multiple causes during transfusions, including reactions to the transfused blood itself. Increased heart rate may occur due to stress, anxiety, or other medical conditions, and a high fever can suggest an infection or transfusion reaction, but not specifically an air embolism. Therefore, the presence of sharp chest pain is the most critical symptom to monitor in this situation.

9. What indicates that an adolescent understands how to use a peak expiratory flow meter?

- A. I will do the test only once a day**
- B. I will record the highest reading of three attempts**
- C. I will only share my results with my friends**
- D. I will not use it when I feel well**

The correct choice, which states that the adolescent will record the highest reading of three attempts, demonstrates a clear understanding of the proper usage of a peak expiratory flow meter (PEFM). This device is designed to measure the peak expiratory flow rate (PEFR), which helps in assessing the function of the lungs and is particularly useful for individuals with asthma or other respiratory conditions. Using the PEFM, it is essential to take multiple readings - typically three - to ensure accuracy and reliability. Recording the highest reading out of these attempts is crucial because it provides the best indicator of the individual's maximum airflow. This approach allows for better monitoring of lung function over time and helps in managing any potential respiratory issues. In contrast, taking the test only once a day, sharing results with friends, or omitting use when feeling well reflect misunderstandings about the purpose and optimal use of the PEFM. Regular monitoring, even when feeling well, can catch any potential problems early and assist in managing asthma or similar conditions effectively, making the understanding of recording multiple attempts imperative.

10. What finding during a well-child visit for a 6-month-old infant should be reported to the provider?

- A. The infant is teething**
- B. The infant does not roll over from his abdomen to his back**
- C. The infant is able to sit with support**
- D. The infant responds to his name**

During a well-child visit for a 6-month-old infant, it is critical to monitor developmental milestones to ensure that the child is progressing normally. Rolling over is a significant milestone typically achieved by most infants by this age. If an infant does not roll over from their abdomen to their back, it may indicate a delay in motor skill development that could warrant further assessment or intervention by a healthcare provider. Early identification of developmental delays is essential in pediatrics, as it allows for timely support and potential therapies that can facilitate a child's growth and development. In contrast, teething is a common occurrence in infants and may cause discomfort but is not a medical concern that requires reporting unless accompanied by concerning symptoms. Sitting with support is a typical acquisition of gross motor skills around this age. Similarly, responding to their name indicates appropriate social and cognitive development. While all these findings provide valuable information about the infant's growth, the lack of rolling over is the most concerning and should be communicated to the provider for further evaluation.

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://capstonenursingcareofchildren.examzify.com>

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