

Certified Pediatric Emergency Nurse (CPEN) Practice Exam (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. What does the "D" in ABCDE stand for during a pediatric assessment?**
 - A. Diagnosis**
 - B. Disability**
 - C. Development**
 - D. Data**
- 2. What is the most commonly used volume resuscitation fluid in pediatric patients?**
 - A. 5% Dextrose in Water**
 - B. Normal saline or lactated Ringer's solution**
 - C. Colloid solutions**
 - D. Hypertonic saline**
- 3. What is a significant reason for the increase in heroin use among young individuals?**
 - A. High prices of prescription opioids**
 - B. Increased street availability**
 - C. Inexpensive and high-purity heroin available**
 - D. Lower risk of addiction compared to other drugs**
- 4. What is a key symptom of intussusception in a child?**
 - A. Persistent cough and fever**
 - B. Sudden severe abdominal pain with currant jelly stools**
 - C. Diarrhea and excessive crying**
 - D. Bloating and poor feeding**
- 5. What vital signs are essential to take during a pediatric emergency assessment?**
 - A. Tympanic temperature, respiratory rate, blood pressure, and weight**
 - B. Tympanic temperature, respiratory rate, blood sugar, and weight**
 - C. Oral temperature, heart rate, breath sounds, and weight**
 - D. Rectal temperature, heart rate, blood pressure, and height**

6. What indicates that a child is utilizing accessory muscles of breathing?

- A. Bradycardia**
- B. Retractions**
- C. Hyperactivity**
- D. Fatigue**

7. What does the 'D' in the ABCDE assessment stand for?

- A. Diagnosis**
- B. Drugs**
- C. Disability**
- D. Development**

8. Which sign may indicate respiratory distress in a child?

- A. Bradycardia**
- B. Nasal flaring**
- C. Hypotension**
- D. Skin discoloration**

9. Which assessment sign suggests the need for urgent imaging in abdominal pain cases?

- A. Decreased appetite.**
- B. Positive rebound tenderness.**
- C. Abdominal bloating.**
- D. Fever without abdominal pain.**

10. Which type of shock is most common in children?

- A. Cardiogenic shock**
- B. Septic shock**
- C. Hypovolemic shock**
- D. Distributive shock**

Answers

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

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Explanations

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1. What does the "D" in ABCDE stand for during a pediatric assessment?

- A. Diagnosis
- B. Disability**
- C. Development
- D. Data

In the context of a pediatric assessment, the "D" in ABCDE stands for "Disability." This framework is used to systematically assess a child's condition, focusing on key aspects of their health and well-being. The ABCDE approach is typically structured as follows: - A: Airway - B: Breathing - C: Circulation - D: Disability - E: Exposure When assessing "Disability," healthcare providers evaluate the child's neurological status, which includes checking responsiveness, level of consciousness, and any potential deficits in sensory or motor functions. This step is crucial because it helps identify children who may be experiencing serious neurological impairment, which can be a critical component in determining the direction for further evaluation and treatment. Understanding the significance of this assessment allows for early intervention and better outcomes, particularly in emergency or critical care situations. This focus on neurological status is essential in pediatric care, as children may present differently than adults regarding their symptoms and responses.

2. What is the most commonly used volume resuscitation fluid in pediatric patients?

- A. 5% Dextrose in Water
- B. Normal saline or lactated Ringer's solution**
- C. Colloid solutions
- D. Hypertonic saline

The most commonly used volume resuscitation fluid in pediatric patients is normal saline or lactated Ringer's solution due to their isotonic properties, which closely match the body's plasma composition. These fluids are effective for replenishing extracellular fluid volume, making them suitable for a variety of clinical scenarios such as dehydration, shock, and hemorrhage. Normal saline, which consists of 0.9% sodium chloride, helps maintain osmotic balance while providing necessary electrolytes, specifically sodium and chloride. Lactated Ringer's solution, on the other hand, contains lactate, which acts as a buffer that can help in acid-base balance. Both solutions are well-tolerated by pediatric patients and facilitate the safe and effective restoration of depleted intravascular volume. While other fluid options like colloid solutions and hypertonic saline may have their specific uses, they are not the standard for initial volume resuscitation in children. Colloid solutions might be reserved for particular situations, such as when there is a need to increase oncotic pressure, and hypertonic saline is usually considered in more specialized settings, particularly for certain cases of severe hyponatremia or head injuries, rather than as the first-line treatment for general volume resuscitation. D

3. What is a significant reason for the increase in heroin use among young individuals?

- A. High prices of prescription opioids**
- B. Increased street availability**
- C. Inexpensive and high-purity heroin available**
- D. Lower risk of addiction compared to other drugs**

The significant increase in heroin use among young individuals can be attributed to the availability of inexpensive and high-purity heroin. This factor plays a crucial role because when heroin is both affordable and of high quality, it becomes more attractive to users, particularly those who may be seeking an alternative to prescription opioids. Young individuals who might have previously been deterred by the cost or perceived lower quality of heroin may find it more accessible and appealing when these factors are no longer a barrier. Additionally, the rise in heroin use often correlates with the opioid crisis, where individuals who have developed tolerance to prescription opioids may turn to heroin as it provides a similar high at a lower cost. This trend is concerning in pediatric emergency nursing, as it points to the need for awareness and targeted interventions to prevent substance abuse in this vulnerable population.

4. What is a key symptom of intussusception in a child?

- A. Persistent cough and fever**
- B. Sudden severe abdominal pain with currant jelly stools**
- C. Diarrhea and excessive crying**
- D. Bloating and poor feeding**

In cases of intussusception, a key symptom is the presence of sudden severe abdominal pain accompanied by currant jelly stools. This occurs because one segment of the intestine telescopes into an adjoining segment, leading to obstruction and compromised blood flow. The severe abdominal pain typically comes in episodes, making it seem like the child has waves of pain. As for the stools, the term "currant jelly" describes the appearance of the stools that may contain blood and mucus, indicating a serious condition that requires prompt medical attention. The other choices represent symptoms that may occur in a variety of pediatric conditions but are not specific to intussusception. Persistent cough and fever can suggest a respiratory infection, while diarrhea and excessive crying may indicate various gastrointestinal issues but do not directly point to intussusception. Bloating and poor feeding may be observed in a range of digestive problems, but again, they are not characteristic indicators of intussusception. The distinguishing feature of severe pain and the unique stool appearance highlight why this option is recognized as the hallmark symptom of the condition.

5. What vital signs are essential to take during a pediatric emergency assessment?

- A. Tympanic temperature, respiratory rate, blood pressure, and weight**
- B. Tympanic temperature, respiratory rate, blood sugar, and weight**
- C. Oral temperature, heart rate, breath sounds, and weight**
- D. Rectal temperature, heart rate, blood pressure, and height**

In a pediatric emergency assessment, monitoring vital signs is crucial for evaluating a child's physiological status. Among the listed options, the combination of tympanic temperature, respiratory rate, blood pressure, and weight encompasses the key vital signs necessary for a thorough evaluation. Tympanic temperature is an effective method for measuring body temperature in children, providing quick and accurate readings. The respiratory rate offers insight into a child's respiratory effort and effectiveness, which is essential in emergencies where breathing may be compromised. Blood pressure, although sometimes challenging to obtain in younger children, is important for assessing cardiovascular status and can indicate potential shock or other serious conditions. Weight is also critical, especially in emergencies, as many medications and interventions in pediatric care are weight-dependent. While each of the other options contains components that could be relevant in specific circumstances, they do not collectively address the essential elements needed for a comprehensive assessment in a pediatric emergency scenario. For example, blood sugar, breath sounds, and height serve specific purposes but do not substitute for the critical nature of measuring temperature, respiratory rate, blood pressure, and weight in urgent situations.

6. What indicates that a child is utilizing accessory muscles of breathing?

- A. Bradycardia**
- B. Retractions**
- C. Hyperactivity**
- D. Fatigue**

The observation of retractions is a key indicator that a child is utilizing accessory muscles of breathing. In normal breathing, the diaphragm and intercostal muscles primarily facilitate respiration. However, when a child experiences respiratory distress, they may recruit additional muscles to assist with breathing. This recruitment is often manifested visually as retractions, where the skin sinks in around the ribs or the sternum during inhalation. Retractions can be seen when there is increased work of breathing, a common scenario in conditions such as asthma, pneumonia, or severe respiratory infections. This physical sign suggests that the child is struggling to breathe effectively, prompting the use of these additional muscle groups in an effort to expand the chest cavity more than usual. Other options, while they may relate to respiratory challenges or distress, do not specifically indicate the use of accessory muscles. Bradycardia is generally more indicative of potential cardiovascular complications, hyperactivity may reflect anxiety or other issues not directly tied to respiratory muscle use, and fatigue can imply a general state of exhaustion but does not directly signify the mechanics of breathing.

7. What does the 'D' in the ABCDE assessment stand for?

- A. Diagnosis
- B. Drugs
- C. Disability**
- D. Development

The 'D' in the ABCDE assessment stands for Disability. The ABCDE assessment is a systematic approach used in pediatric emergency care to evaluate and prioritize the needs of a patient rapidly. In this context, the disability component primarily refers to the assessment of the child's neurological status. This includes checking the patient's level of consciousness, response to stimuli, and any signs of potential neurological impairment. It helps identify conditions like traumatic brain injuries, seizures, or other neurological emergencies that require immediate attention. Recognizing and addressing any disabilities early in the evaluation process is crucial for guiding further diagnostic and therapeutic interventions, ensuring that serious conditions are not overlooked during the initial assessment.

8. Which sign may indicate respiratory distress in a child?

- A. Bradycardia
- B. Nasal flaring**
- C. Hypotension
- D. Skin discoloration

Nasal flaring is a key indicator of respiratory distress in a child. This sign occurs when a child is struggling to breathe, and they engage additional muscles to help with inhalation. By flaring the nostrils, the child attempts to increase airflow and enhance oxygen intake. This is particularly common in pediatric patients, as their respiratory systems are still developing and can be more sensitive to changes in oxygen levels.

Respiratory distress can manifest through various signs and symptoms, and nasal flaring specifically suggests that the child is experiencing difficulty with breathing. It is often paired with other signs such as retractions or an increased respiratory rate, helping healthcare professionals assess the severity of the child's condition. In contrast, while bradycardia, hypotension, and skin discoloration can be serious medical issues, they are not specific indicators of respiratory distress. Bradycardia may indicate cardiac issues, hypotension suggests potential shock or inadequate blood flow, and skin discoloration could relate to various systemic problems, but they do not directly reflect the respiratory function or distress like nasal flaring does.

9. Which assessment sign suggests the need for urgent imaging in abdominal pain cases?

- A. Decreased appetite.**
- B. Positive rebound tenderness.**
- C. Abdominal bloating.**
- D. Fever without abdominal pain.**

The presence of positive rebound tenderness during an abdominal examination is a critical assessment sign that suggests the need for urgent imaging, such as an ultrasound or CT scan. Rebound tenderness indicates that there is irritation or inflammation of the peritoneum, which can be associated with serious conditions like appendicitis, perforated viscera, or acute abdominal processes that require immediate attention. This sign is particularly important in the pediatric population, where abdominal pain can stem from various causes, including gastrointestinal infections, appendicitis, intussusception, or even traumatic injuries. Early identification of conditions that necessitate surgical intervention can be life-saving, as a delay in diagnosis and treatment could lead to significant morbidity. While decreased appetite, abdominal bloating, and fever without abdominal pain are symptoms that could indicate an underlying illness, they do not specifically point to a condition that requires immediate imaging. These signs can be associated with less acute issues or may not reveal the severity or cause of abdominal pain as effectively as rebound tenderness does.

10. Which type of shock is most common in children?

- A. Cardiogenic shock**
- B. Septic shock**
- C. Hypovolemic shock**
- D. Distributive shock**

Hypovolemic shock is the most common type of shock encountered in children due to several reasons relating to their physiology and common causes of illness. In pediatric populations, hypovolemic shock typically arises from dehydration, which can be due to conditions like vomiting, diarrhea, or inadequate fluid intake. Children have a higher turnover of fluids and a larger body surface area relative to their body mass compared to adults, making them more susceptible to volume depletion. A small amount of fluid loss can lead to significant relative hypovolemia in children, and as a result, they can develop hypovolemic shock quickly if not monitored and managed appropriately. In contrast, while septic shock is also a significant concern, particularly in the context of infections, it tends to be less common than hypovolemic shock. Cardiogenic shock and distributive shock, while important to recognize, occur less frequently in the pediatric population compared to hypovolemic shock. Consequently, understanding hypovolemic shock's prevalence is crucial for effective assessment and early intervention in pediatric emergency care.

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://cpen.examzify.com>

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

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