

Certified Pediatric Nurse (CPN) 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,

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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. 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!

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Questions

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- 1. Which respiratory condition is categorized as a medical emergency?**
 - A. Asthma**
 - B. Cystic fibrosis**
 - C. Epiglottitis**
 - D. Laryngotracheobronchitis (LTB)**
- 2. What laboratory result would you expect for a child experiencing vomiting for 24 hours?**
 - A. Metabolic acidosis**
 - B. Metabolic alkalosis**
 - C. Respiratory acidosis**
 - D. Respiratory alkalosis**
- 3. What would be the most effective intervention for a 15-year-old girl admitted with asthma who admits to smoking?**
 - A. Ask Ella open-ended questions about why she feels the need to smoke**
 - B. Have Ella attend a smoking cessation group led and attended by other teens**
 - C. Talk to Ella's parents about restricting her activity until she stops smoking**
 - D. Show Ella pictures of the inside of a smoker's lungs**
- 4. At what weight should a 1 year old, who weighed 8 pounds at birth, ideally be?**
 - A. 16 pounds**
 - B. 20 pounds**
 - C. 24 pounds**
 - D. 32 pounds**
- 5. What aspect of development is primarily assessed by a child's ability to walk and run?**
 - A. Cognitive development**
 - B. Gross motor development**
 - C. Fine motor development**
 - D. Social development**

- 6. What should be included in the care for a 3-year-old suspected of having epiglottitis?**
- A. Allow her to play with the flashlight and tongue blade prior to examining her throat**
 - B. Allow her mother to accompany her to radiology**
 - C. Quickly perform an assessment while her mother is out of the room**
 - D. Obtain her vital signs prior to performing a complete assessment**
- 7. Which digestive issue is frequently associated with cystic fibrosis in children?**
- A. Missing gallbladder**
 - B. Poor digestion of carbohydrates**
 - C. Fat malabsorption leading to greasy stools**
 - D. Complete blockage of the intestinal tract**
- 8. Which developmental milestone is typically seen in a 9-month-old?**
- A. Pincher grasp**
 - B. Walking**
 - C. Speaking intelligible words**
 - D. Sitting up without support**
- 9. Which statement about Hirschsprung's disease is accurate?**
- A. There is an over abundance of ganglion cells which lead to symptoms**
 - B. The absence of ganglion cells results in a lack of peristalsis in a section of the bowel**
 - C. The entire bowel is without ganglion cells leading to total obstruction**
 - D. The overactive ganglion cells can cause increased motility and diarrhea**

10. When should a child typically start using two to three-word sentences?

- A. 18 months**
- B. 2 years**
- C. Greater than 3 years**
- D. Under 15 months**

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Answers

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

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Explanations

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1. Which respiratory condition is categorized as a medical emergency?

- A. Asthma**
- B. Cystic fibrosis**
- C. Epiglottitis**
- D. Laryngotracheobronchitis (LTB)**

Epiglottitis is categorized as a medical emergency due to the potential for rapid airway obstruction. This condition typically involves inflammation and swelling of the epiglottis, which can hinder the ability to breathe adequately. It is most often caused by bacterial infections, notably by *Haemophilus influenzae* type b (Hib) in unvaccinated children. The onset of epiglottitis can be sudden, and if the airway becomes compromised, it can lead to severe respiratory distress and even suffocation. Immediate recognition and intervention are critical in epiglottitis cases. Symptoms such as difficulty breathing, drooling, and a preference for sitting up or leaning forward may indicate this condition. Due to the possibility of acute airway closure, transfer to an emergency setting for potential intubation or surgical intervention is often necessary to ensure the patient's safety. In contrast, while asthma exacerbations can also be serious and require prompt treatment, they are generally more manageable and less likely to result in immediate airway obstruction compared to epiglottitis. Cystic fibrosis and laryngotracheobronchitis (commonly known as croup) can certainly lead to respiratory issues in children, but they do not typically present the same acute emergency situation associated with epigl

2. What laboratory result would you expect for a child experiencing vomiting for 24 hours?

- A. Metabolic acidosis**
- B. Metabolic alkalosis**
- C. Respiratory acidosis**
- D. Respiratory alkalosis**

In a child experiencing vomiting for 24 hours, metabolic alkalosis is the most expected laboratory result. This condition arises due to the loss of stomach acid, which contains hydrochloric acid (HCl) during vomiting. As acidic gastric contents are expelled, the body has increased bicarbonate relative to hydrogen ions, leading to an elevated arterial blood pH and thus facilitating metabolic alkalosis. The mechanism involves the loss of hydrogen ions, which results in a decrease in the acidity of the body fluids. Furthermore, if the vomiting results in electrolyte imbalances, such as loss of potassium, the body may respond by retaining bicarbonate, further enhancing the alkalotic state. In contrast, the other options do not typically occur in the case of vomiting. Metabolic acidosis is associated with conditions that result in an excess of hydrogen ions or loss of bicarbonate, which isn't the case with simple vomiting. Respiratory acidosis occurs due to an accumulation of carbon dioxide from hypoventilation, which does not directly relate to vomiting. Respiratory alkalosis is typically seen when there is excessive breathing or hyperventilation leading to the loss of carbon dioxide. Thus, metabolic alkalosis aligns best with the physiological changes occurring during prolonged vomiting in a child.

- 3. What would be the most effective intervention for a 15-year-old girl admitted with asthma who admits to smoking?**
- A. Ask Ella open-ended questions about why she feels the need to smoke**
 - B. Have Ella attend a smoking cessation group led and attended by other teens**
 - C. Talk to Ella's parents about restricting her activity until she stops smoking**
 - D. Show Ella pictures of the inside of a smoker's lungs**

The most effective intervention for the 15-year-old girl admitted with asthma who smokes would be to have her attend a smoking cessation group led and attended by other teens. This approach leverages social support and peer motivation, which can be particularly influential for adolescents. By engaging with peers who share similar challenges and experiences, Ella may feel more understood and supported in her efforts to quit smoking. Additionally, smoking cessation groups often provide valuable information, coping strategies, and encouragement, making the process of quitting feel less isolating. The group setting can foster a sense of community and accountability, which is vital for adolescents who might be more inclined to make changes when they see their peers doing the same. Meanwhile, asking open-ended questions may provide insights into her reasons for smoking, but it might not necessarily lead to an actionable plan for cessation. Similarly, discussing restrictions with her parents may create conflict rather than encourage her to quit. Showing her pictures of ruined lungs could evoke fear or discomfort but might not motivate her. Effective interventions often require both education and support, which a peer-led cessation group can uniquely provide.

- 4. At what weight should a 1 year old, who weighed 8 pounds at birth, ideally be?**
- A. 16 pounds**
 - B. 20 pounds**
 - C. 24 pounds**
 - D. 32 pounds**

To determine the ideal weight for a 1-year-old who weighed 8 pounds at birth, it's helpful to refer to growth charts and pediatric recommendations. Typically, it is expected that infants will approximately triple their birth weight by the time they turn 1 year old. For a child who was born at 8 pounds, the expected ideal weight around their first birthday would be around 24 pounds. This is in line with the standard growth expectations set forth by pediatric health guidelines, which aim to monitor a child's growth in relation to their birth weight to ensure they are progressing appropriately. By understanding this growth pattern, it becomes clear why 24 pounds is the most suitable choice for the ideal weight of a 1-year-old who started at 8 pounds at birth. The other options provide weights that do not align with the typical growth progression for infants within the first year of life.

5. What aspect of development is primarily assessed by a child's ability to walk and run?

- A. Cognitive development**
- B. Gross motor development**
- C. Fine motor development**
- D. Social development**

The ability of a child to walk and run is primarily indicative of gross motor development. Gross motor skills involve the large muscle groups and are essential for basic movements such as walking, running, jumping, and climbing. These skills are fundamental in a child's physical development as they allow for increased mobility and interaction with their environment. Gross motor development typically progresses in a predictable sequence, starting with head control, followed by rolling over, sitting without support, crawling, and eventually walking and running. Mastery of these skills is crucial because it not only helps children engage physically but also fosters their confidence and encourages social interactions through play and exploration. In contrast, cognitive development relates to the child's ability to think, learn, and solve problems, while fine motor development focuses on smaller muscle groups that enable tasks such as grasping, writing, or using utensils. Social development encompasses the ways in which children interact with others and form relationships. Thus, while all aspects of development are interlinked, the ability to walk and run is a hallmark of gross motor development specifically.

6. What should be included in the care for a 3-year-old suspected of having epiglottitis?

- A. Allow her to play with the flashlight and tongue blade prior to examining her throat**
- B. Allow her mother to accompany her to radiology**
- C. Quickly perform an assessment while her mother is out of the room**
- D. Obtain her vital signs prior to performing a complete assessment**

Including the mother in the care of a 3-year-old suspected of having epiglottitis is crucial for several reasons. One primary aspect is that the presence of a parent can significantly reduce anxiety in children and provide emotional support. Young children often feel more secure and less fearful when a parent is nearby, which can make them more cooperative during assessments and treatments. Furthermore, in situations where a child may require procedures or interventions, having a parent present can facilitate better communication and understanding of the process, ensuring that the child feels safe. In the context of radiology, it is vital for the child to remain calm, as anxiety can complicate the imaging process. Hence, allowing the mother to accompany her child helps achieve a cooperative environment. This choice prioritizes the emotional and psychological well-being of the child, making it a sound approach in pediatric nursing care, especially in situations where the child may already be feeling vulnerable or scared due to illness.

7. Which digestive issue is frequently associated with cystic fibrosis in children?

- A. Missing gallbladder**
- B. Poor digestion of carbohydrates**
- C. Fat malabsorption leading to greasy stools**
- D. Complete blockage of the intestinal tract**

Cystic fibrosis is a genetic disorder that primarily impacts the lungs and digestive system. One of the hallmark features of cystic fibrosis is the production of thick, sticky mucus, which can obstruct the ducts of the pancreas. This obstruction prevents the release of digestive enzymes, resulting in inadequate fat digestion. As a consequence, children with cystic fibrosis often experience fat malabsorption, leading to greasy, foul-smelling stools, known as steatorrhea. This symptom arises because undigested fats are excreted in the stool instead of being absorbed by the body. The inability to properly digest and absorb fats can also lead to nutritional deficiencies and weight loss in affected individuals. The other options presented do not accurately reflect the common digestive issues associated with cystic fibrosis. Missing gallbladders and complete intestinal blockage are not commonly seen in these patients, while poor digestion of carbohydrates is not a primary concern; the main issue lies in fat malabsorption due to pancreatic insufficiency.

8. Which developmental milestone is typically seen in a 9-month-old?

- A. Pincher grasp**
- B. Walking**
- C. Speaking intelligible words**
- D. Sitting up without support**

The pincher grasp is a fine motor skill that typically emerges around 9 months of age. At this stage, infants start to develop greater dexterity and control over their finger movements, allowing them to pick up small objects using their thumb and forefinger. This skill is crucial for various self-feeding activities and manipulation of toys, marking an important aspect of their gross and fine motor development. Sitting up without support is generally achieved earlier, around 6 to 8 months, indicating that while it is an important milestone, it is not specific to the 9-month mark. Speaking intelligible words typically begins closer to the first year of life, as children start to form recognizable sounds and words. Walking usually occurs around 12 months or later as children continue to strengthen their muscles and coordination. Thus, the pincher grasp is the most characteristic milestone to expect at 9 months of age.

9. Which statement about Hirschsprung's disease is accurate?

- A. There is an over abundance of ganglion cells which lead to symptoms**
- B. The absence of ganglion cells results in a lack of peristalsis in a section of the bowel**
- C. The entire bowel is without ganglion cells leading to total obstruction**
- D. The overactive ganglion cells can cause increased motility and diarrhea**

The statement regarding the absence of ganglion cells resulting in a lack of peristalsis in a section of the bowel is accurate because Hirschsprung's disease, also known as congenital aganglionic megacolon, is characterized by the absence of enteric ganglion cells in the distal portion of the colon. This absence disrupts the normal functioning of the bowel because ganglion cells are essential for the coordination of bowel contractions. Peristalsis, the rhythmic contraction of the muscles in the gastrointestinal tract that moves contents along, relies on these cells. Without them, the affected segment of the bowel cannot contract effectively, leading to a functional obstruction that can cause symptoms such as chronic constipation and abdominal distension. In contrast, the other statements are inaccurate in their descriptions of the disease. An abundance of ganglion cells would not lead to the symptoms seen in Hirschsprung's disease; instead, the lack of these cells is the root cause. Furthermore, while it is true that the disease can affect a significant portion of the bowel, it is not correct to say that the entire bowel is devoid of ganglion cells, as this is usually localized to a segment of the colon. Lastly, describing overactive ganglion cells causing increased motility and

10. When should a child typically start using two to three-word sentences?

- A. 18 months**
- B. 2 years**
- C. Greater than 3 years**
- D. Under 15 months**

Two to three-word sentences typically start to emerge when a child is around 2 years old. At this age, children are generally developing their vocabulary and gradually transitioning from single words to combining words into short phrases that convey meaning. This milestone is part of normal language development, where toddlers begin to express more complex thoughts or requests, laying the foundation for further language skills as they continue to grow. By 18 months, children usually say single words and may start to use simple two-word combinations, but the structured use of two to three-word sentences becomes more prominent at the age of 2. After this age, children continue to refine and expand their language skills significantly, often moving on to longer sentences, but the transition to more complex sentence structure typically begins around the 2-year mark.

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://cpn.examzify.com>

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

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