

# Certified Pediatric Nurse (CPN) 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. At what age do children typically develop the ability to ride a tricycle?**
  - A. 2 years old**
  - B. 3 years old**
  - C. 4 years old**
  - D. 5 years old**
  
- 2. What is important for Adam and his family regarding his tube feeding routine?**
  - A. Feeding at the table during family meal times**
  - B. Feeding before family meals to allow for parental time**
  - C. Feeding in the family vehicle for convenience**
  - D. Feeding at night when the nurse is present**
  
- 3. What should the nurse do if a 6-month-old's head circumference changes from the 25th percentile to the 75th percentile?**
  - A. Immediately notify the physician as this may indicate increased ICP, a medical emergency**
  - B. Reassure the mother that this is a period of growth and changes in HC are to be expected**
  - C. Prepare mother for the placement of a helmet as safety is a concern**
  - D. Measure infant head again to check for accuracy**
  
- 4. Which of the following is considered an abnormal assessment finding in a newborn?**
  - A. Closed anterior fontanel**
  - B. Red, flaky skin**
  - C. Crossed-eyed**
  - D. Vernix**
  
- 5. What would a nurse expect a 4-month-old to do?**
  - A. Sit alone**
  - B. Attempt to roll over**
  - C. Begin to crawl**
  - D. Grasp feet and pull them to mouth**

- 6. What indicates an effective teaching strategy when educating parents about cystic fibrosis management?**
- A. Highlighting the importance of dietary restrictions**
  - B. Promoting frequent hospital visits**
  - C. Encouraging regular physical activity**
  - D. Discussing parental stress and coping techniques**
- 7. What is the most reliable sign that indicates a child with asthma may require immediate medical attention?**
- A. Occasional coughing after laughing**
  - B. Severe wheezing that doesn't improve with medication**
  - C. Shortness of breath during exercise**
  - D. Frequent nighttime coughing without other symptoms**
- 8. To confirm intussusception in a toddler with abdominal pain, which test is likely to be ordered?**
- A. Barium enema**
  - B. Suprapubic catheter insertion**
  - C. Nasogastric tube insertion**
  - D. Indwelling urinary catheter insertion**
- 9. For a hospitalized child, how should the nurse adapt activities to aid comfort?**
- A. Involve play therapists only**
  - B. Restrict all play for safety**
  - C. Encourage familiar play activities**
  - D. Limit interaction with other children**
- 10. What is one of the first signs of puberty in girls generally observed?**
- A. Menstruation**
  - B. Height spurt**
  - C. Development of breast buds**
  - D. Development of pubic hair**



## Answers

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

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## **Explanations**

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**1. At what age do children typically develop the ability to ride a tricycle?**

- A. 2 years old**
- B. 3 years old**
- C. 4 years old**
- D. 5 years old**

Children typically develop the ability to ride a tricycle around the age of 3 years. At this stage in their development, they have usually gained enough gross motor skills, coordination, and balance to effectively pedal and steer a tricycle. By age 3, they can also engage more fully in parallel play, which often involves sharing riding toys and interacting with peers in a more active way. Developmental milestones indicate that between 2 and 3 years, children refine their motor skills and gain more independence in their movements. By the time they reach 3 years old, they are not only physically ready to ride a tricycle but are also interested in engaging in the activity for fun, making it a natural part of their playtime. The progression continues as they refine these skills and gain more confidence, enabling them to ride with greater skill and control by age 4 and 5.

**2. What is important for Adam and his family regarding his tube feeding routine?**

- A. Feeding at the table during family meal times**
- B. Feeding before family meals to allow for parental time**
- C. Feeding in the family vehicle for convenience**
- D. Feeding at night when the nurse is present**

Feeding Adam at the table during family meal times is significant for several reasons. This approach fosters a sense of normalcy and inclusion for Adam within the family unit, allowing him to share the dining experience with his family, even if he is unable to eat orally. It also provides an opportunity for social interaction, which can enhance bonding and emotional well-being. By being part of the mealtime environment, Adam can observe and engage with the family, which helps develop a sense of normalcy around eating habits. Furthermore, having a routine that includes family mealtimes can encourage healthy eating behaviors and establish a structured feeding schedule that aligns with the family dynamics. This shared experience promotes an understanding among family members about Adam's needs and can support effective communication regarding his tube feeding routine. Additionally, mealtime routines can help the family by putting it in the context of their daily lives, thus creating a supportive environment for Adam's growth and development.

**3. What should the nurse do if a 6-month-old's head circumference changes from the 25th percentile to the 75th percentile?**

- A. Immediately notify the physician as this may indicate increased ICP, a medical emergency**
- B. Reassure the mother that this is a period of growth and changes in HC are to be expected**
- C. Prepare mother for the placement of a helmet as safety is a concern**
- D. Measure infant head again to check for accuracy**

Measuring the infant's head circumference again to check for accuracy is essential because variations in measurement techniques, positioning of the child, or even the child's state at the moment of measurement can lead to discrepancies. In pediatric nursing, head circumference is a critical indicator of growth and brain development, and it is important to ensure that the initial reading was precise before jumping to conclusions about potential medical issues. A measurement that shows a sudden change from the 25th percentile to the 75th percentile could be due to a measurement error rather than an actual significant change in the child's growth pattern. Once the accuracy of the measurement is confirmed, the nurse can then decide on the appropriate follow-up actions, which might include notifying the physician if the second measurement confirms a concerning increase, or addressing parental concerns based on accurate data.

**4. Which of the following is considered an abnormal assessment finding in a newborn?**

- A. Closed anterior fontanel**
- B. Red, flaky skin**
- C. Crossed-eyed**
- D. Vernix**

A closed anterior fontanel in a newborn can be a sign of an underlying condition, making it an abnormal assessment finding. In newborns, the anterior fontanel typically remains open and slightly bulging to accommodate normal brain growth and development during the first year of life. If it is closed too early, it may indicate a condition known as craniosynostosis, where the skull bones fuse prematurely, potentially leading to problems with skull shape and brain development. In contrast, red, flaky skin is often a common finding in newborns due to conditions like normal desquamation or seborrheic dermatitis, which are generally not concerning unless accompanied by other symptoms. Crossed eyes (strabismus) can be relatively common in newborns and typically resolve as the child's vision develops over the first few months. Vernix, the white, cheese-like substance found on newborn skin, is a normal finding and serves to protect the skin while in utero and prevents it from drying out.

**5. What would a nurse expect a 4-month-old to do?**

- A. Sit alone**
- B. Attempt to roll over**
- C. Begin to crawl**
- D. Grasp feet and pull them to mouth**

At four months of age, a child is typically in a stage of development where they begin to show increased muscle control and coordination. One of the key milestones for infants around this age is the ability to attempt rolling over. This indicates that they are gaining strength in their neck and back muscles, allowing them to move beyond simply lying flat. The ability to roll over often starts with infants moving from their stomach to their back. They might not yet be proficient but will show clear attempts as they explore their body's capabilities. This movement is a significant part of their motor development as it sets the groundwork for later skills such as crawling and sitting. In contrast, at this age, infants are not yet able to sit up independently or crawl. While they may show interest in their feet and try pulling them to their mouth, this skill is typically seen a little later as their coordination continues to develop. Thus, the expectation of an infant at this age aligns with the ability to attempt rolling over, making this the most accurate choice.

**6. What indicates an effective teaching strategy when educating parents about cystic fibrosis management?**

- A. Highlighting the importance of dietary restrictions**
- B. Promoting frequent hospital visits**
- C. Encouraging regular physical activity**
- D. Discussing parental stress and coping techniques**

Encouraging regular physical activity is an effective teaching strategy when educating parents about cystic fibrosis management because exercise plays a crucial role in managing the condition. Physical activity helps improve lung function, enhances mucus clearance, and promotes overall physical health in children with cystic fibrosis. Regular exercise can also contribute to better emotional well-being by reducing stress and anxiety, both for the child and the parents. The focus on promoting an active lifestyle encourages parents to incorporate exercise into their child's daily routine, which can be tailored to the child's capabilities and health status. This approach empowers parents with actionable strategies that significantly contribute to their child's management plan, ensuring that they feel equipped to foster an active and healthy lifestyle at home.

**7. What is the most reliable sign that indicates a child with asthma may require immediate medical attention?**

- A. Occasional coughing after laughing**
- B. Severe wheezing that doesn't improve with medication**
- C. Shortness of breath during exercise**
- D. Frequent nighttime coughing without other symptoms**

Severe wheezing that does not improve with medication is a critical indication of a child's asthma status and suggests that immediate medical attention is necessary. When a child experiences severe wheezing, it signals that the airways are significantly constricted, possibly leading to increased difficulty in breathing. Asthma is characterized by airway inflammation and hyperreactivity, and when typical medication, such as bronchodilators, fails to alleviate these symptoms, it indicates a potential exacerbation of the condition that could progress to a life-threatening situation if not addressed promptly. The other scenarios presented do not typically signify an acute medical emergency. Occasional coughing after laughing can be a normal response and is not uncommon in children without asthma complications. Shortness of breath during exercise may warrant attention, especially in a child diagnosed with asthma, but it is often manageable with proper medication and pre-exercise planning. Frequent nighttime coughing could indicate poorly controlled asthma but, in the absence of severe symptoms, may not necessitate immediate medical intervention. Thus, the severity and persistence of wheezing, particularly when unresponsive to treatment, underscore the urgent need for further medical evaluation to prevent potential respiratory failure or complications.

**8. To confirm intussusception in a toddler with abdominal pain, which test is likely to be ordered?**

- A. Barium enema**
- B. Suprapubic catheter insertion**
- C. Nasogastric tube insertion**
- D. Indwelling urinary catheter insertion**

A barium enema is the most appropriate test for confirming intussusception in a toddler experiencing abdominal pain. This imaging technique involves the introduction of a contrast material (barium) into the rectum, which fills the intestines and allows for visualization of the bowel on X-ray imaging. Intussusception appears as a classic "target sign" or "doughnut sign" on X-ray, indicating the presence of one segment of the intestine telescoping into another. This test is particularly valuable in pediatric patients, as it provides not only diagnostic confirmation but can sometimes also serve as a therapeutic intervention by helping to reduce the intussusception. In contrast, the other options—suprapubic catheter insertion, nasogastric tube insertion, and indwelling urinary catheter insertion—are not relevant for diagnosing intussusception. They are medical procedures focused on different aspects of patient care and do not provide information about intestinal structure or potential obstructions.

**9. For a hospitalized child, how should the nurse adapt activities to aid comfort?**

- A. Involve play therapists only**
- B. Restrict all play for safety**
- C. Encourage familiar play activities**
- D. Limit interaction with other children**

Encouraging familiar play activities is crucial for aiding comfort in hospitalized children. Familiar activities provide a sense of normalcy and can significantly reduce anxiety and stress associated with being in a medical environment. When children engage in play that they recognize and enjoy, it can serve as a form of emotional expression and distraction from discomfort or pain. Familiar play fosters a connection to their usual routine and can enhance feelings of security during a time that may feel overwhelming. Incorporating familiar play can also assist in facilitating coping mechanisms, allowing children to express their feelings and fears in a safe environment. It helps maintain their developmental skills, as play is a natural way for children to learn and express their creativity. Involving parents and caregivers in these activities can further enhance the child's comfort level, creating a supportive environment that promotes healing. Play therapists may have their specific roles in pediatric healthcare settings, but relying exclusively on them limits the involvement of the child's support system. On the other hand, restricting all play or limiting interactions with other children can lead to increased feelings of isolation and anxiety, which is contrary to the goal of providing comfort. Thus, familiar play activities can be a powerful therapeutic tool in supporting children's emotional and psychological well-being during hospitalization.

**10. What is one of the first signs of puberty in girls generally observed?**

- A. Menstruation**
- B. Height spurt**
- C. Development of breast buds**
- D. Development of pubic hair**

The development of breast buds is recognized as one of the first signs of puberty in girls because it typically occurs early in the process of sexual maturation. This physical change is part of a series of hormonal changes that signal the onset of puberty, generally occurring between the ages of 8 and 13. The development of breast buds reflects the effects of estrogen and is an important indicator of the body's preparation for potential future reproductive capabilities. While menstruation is a later sign of puberty and marks the ability to conceive, it typically occurs several years after the initial changes, including breast development. The height spurt and the development of pubic hair also occur during puberty, but they are usually seen after the onset of breast development. Understanding the timing of these physical changes is essential for recognizing normal growth patterns and addressing any concerns regarding adolescent development.



## 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](mailto: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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