CMS Practical Nursing (PN) Pediatrics Practice Test (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

1. Which finding is most characteristic of infectious mononucleosis?

A. Splenomegaly

B. Jaundice

C. Chronic cough

D. Weight gain

2. In suspected epiglottitis, which action is contraindicated?

A. Do not inspect the throat; keep the child calm and ready for possible airway intervention; call for help.

B. Place the child in a prone position.

C. Inspecting the throat.

D. Administer oral antibiotics.

3. Which therapy significantly reduces the risk of coronary artery aneurysm in Kawasaki disease?

A. Aspirin therapy alone

B. Steroid therapy alone

C. Intravenous immunoglobulin (IVIG) therapy

D. Antibiotic therapy

4. Which symptom is typical of infant gastroesophageal reflux?

A. Spitting up or regurgitation after feeds

B. Diarrhea with dehydration

C. Projectile vomiting with blood

D. Persistent coughing unrelated to meals

5. What is the minimum expected urine output for a child per hour?

A. 0.5 mL/kg/hour

B. At least 1 mL/kg/hour

C. 2 mL/kg/hour

D. 0.1 mL/kg/hour

6. Which sign is commonly seen with dehydration due to gastroenteritis?

A. Hyperactive bowel sounds with increased stool frequency.

B. Normal capillary refill with moist mucous membranes.

C. Increased urine output.

D. Prolonged capillary refill, dry mucous membranes, and decreased urine output.

7. In immunization practice, which task is essential for safe vaccine administration?

A. Scheduling follow-up visits for vaccines.

B. Verifying schedules, screening contraindications, administering vaccines correctly, monitoring for adverse events, and educating caregivers.

C. Providing only vaccine storage guidance to staff.

D. Recording immunizations without verifying patient identity.

8. During a clinic visit, the parent refuses vaccines for their infant. Which action should the nurse take?

A. Schedule a new appointment to discuss vaccines

B. Provide the parent with a vaccine information sheet (VIS)

C. Proceed with vaccination without consent

D. Explain to the parent that vaccines are mandatory

9. During scoliosis screening for school-age children, which position is used to assess curvature?

A. Bending forward with back parallel to the floor

B. Standing erect

C. Lying on the back with knees extended

D. Sitting upright with arms overhead

10. Which statement accurately describes reassessment after starting IV fluids in dehydration?

A. Weight only

B. Temperature only

C. Vital signs, capillary refill, urine output, mucous membranes, and weight (as feasible)

D. Blood pressure only

Answers

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

Explanations

1. Which finding is most characteristic of infectious mononucleosis?

A. Splenomegaly

B. Jaundice

C. Chronic cough

D. Weight gain

Splenomegaly stands out in infectious mononucleosis because EBV-driven immune activation causes the spleen to enlarge as part of the systemic lymphoid response. This enlargement is a hallmark finding and carries important safety implications, since the enlarged spleen is at risk of rupture with trauma, so kids are often advised to avoid contact sports for several weeks. Jaundice can occur if there is liver involvement, but it is not as characteristic. A chronic cough suggests a respiratory infection or asthma, and weight gain is not typical of mono. So the presence of an enlarged spleen best fits the condition.

2. In suspected epiglottitis, which action is contraindicated?

A. Do not inspect the throat; keep the child calm and ready for possible airway intervention; call for help.

B. Place the child in a prone position.

C. Inspecting the throat.

D. Administer oral antibiotics.

In suspected epiglottitis, the priority is to protect the airway. The swollen epiglottis can trigger a dangerous laryngospasm if the throat is inspected or manipulated, so visualizing the throat with an exam tool or techniques like a tongue blade is contraindicated. The safest approach is to keep the child calm and still, minimize distress, and have help ready for possible airway intervention. Focus on securing the airway if needed, including preparing for potential endotracheal intubation, and provide supportive care such as humidified oxygen while arranging definitive treatment. IV antibiotics are given in a monitored setting; oral antibiotics are not appropriate for initial management in this acute emergency due to rapid progression and swallowing difficulty.

3. Which therapy significantly reduces the risk of coronary artery aneurysm in Kawasaki disease?

A. Aspirin therapy alone

B. Steroid therapy alone

C. Intravenous immunoglobulin (IVIG) therapy

D. Antibiotic therapy

Kawasaki disease can inflame and damage the coronary arteries, so preventing aneurysms hinges on rapidly calming the body's inflammatory response. Intravenous immunoglobulin therapy does exactly that: it modulates the immune system and lowers inflammatory cytokines, protecting the vessel walls. When given early—ideally within the first 7–10 days of illness—it dramatically reduces the chance of coronary artery aneurysm formation, lowering risk well beyond what aspirin alone can achieve. While aspirin is important for anti-inflammatory and antiplatelet effects and steroids may be used in certain situations, IVIG is the most effective intervention for preventing aneurysms in Kawasaki disease. Antibiotics don't address the underlying vasculitis, so they're not the preventive choice here.

4. Which symptom is typical of infant gastroesophageal reflux?

A. Spitting up or regurgitation after feeds

B. Diarrhea with dehydration

C. Projectile vomiting with blood

D. Persistent coughing unrelated to meals

Infant gastroesophageal reflux most often shows up as spitting up or regurgitation after feeds. This happens because the lower esophageal sphincter in young babies isn't fully mature, so small amounts of milk can move back up into the esophagus after feeding, especially when the baby is laid down. This mild regurgitation is common and usually not painful, typically peaking in the first few months and improving as the infant grows. Other patterns like diarrhea with dehydration suggest a GI illness rather than reflux; projectile vomiting with blood points to more serious issues such as obstruction or esophagitis; persistent coughing can occur with reflux but is not the hallmark symptom. So the after-feeding spit-up/regurgitation best fits infant reflux.

5. What is the minimum expected urine output for a child per hour?

A. 0.5 mL/kg/hour

B. At least 1 mL/kg/hour

C. 2 mL/kg/hour

D. 0.1 mL/kg/hour

Urine output per hour reflects how well the kidneys are filtering and how well circulating volume is being maintained. In children, a practical minimum target is at least 1 mL of urine per kilogram of body weight per hour. So, for a child weighing 20 kg, you'd expect about 20 mL of urine each hour at a minimum. This level indicates adequate renal perfusion and fluid status. If urine output drops below that threshold, it can signal dehydration, reduced blood flow to the kidneys, or possible kidney dysfunction, and it calls for assessment and possible fluid adjustment or further evaluation. The other values aren't used as the standard minimum: 2 mL/kg/hour is higher than necessary for the minimum, while 0.5 or 0.1 mL/kg/hour are too low to be considered acceptable minimums in most pediatric contexts.

6. Which sign is commonly seen with dehydration due to gastroenteritis?

A. Hyperactive bowel sounds with increased stool frequency.

B. Normal capillary refill with moist mucous membranes.

C. Increased urine output.

D. Prolonged capillary refill, dry mucous membranes, and decreased urine output.

When assessing dehydration in a child with gastroenteritis, the key idea is that fluid loss reduces circulating volume and tissue perfusion. The best sign set shows this drop in perfusion and kidney response: prolonged capillary refill indicates slower blood flow to the extremities, dry mucous membranes reflect reduced overall hydration, and decreased urine output shows the kidneys are conserving water due to low fluid volume. Together, these signs point to dehydration from gastroenteritis and guide the need for fluid rehydration. By contrast, hyperactive bowel sounds with more stools reflect ongoing GI illness rather than the dehydration state; normal capillary refill with moist mucous membranes suggests adequate hydration; and increased urine output would not align with dehydration.

7. In immunization practice, which task is essential for safe vaccine administration?

A. Scheduling follow-up visits for vaccines.

B. Verifying schedules, screening contraindications, administering vaccines correctly, monitoring for adverse events, and educating caregivers.

C. Providing only vaccine storage guidance to staff.

D. Recording immunizations without verifying patient identity.

Safe vaccine administration relies on a deliberate, multi-step process at the point of care. The essential task set includes confirming the vaccination schedule to ensure the vaccine is due and given at the correct time, screening for contraindications to avoid giving a vaccine when it's unsafe, administering the vaccine with correct dose, route, site, and technique, observing the patient afterward for any adverse reactions, and educating caregivers about what to expect and when to seek care. Together these steps protect the child during and after vaccination and support accurate records. Other tasks that focus only on scheduling follow-up, or only on vaccine storage, or recording without verifying identity, do not address the critical safety checks, the actual administration, or immediate post-vaccination observation.

8. During a clinic visit, the parent refuses vaccines for their infant. Which action should the nurse take?

A. Schedule a new appointment to discuss vaccines

B. Provide the parent with a vaccine information sheet (VIS)

C. Proceed with vaccination without consent

D. Explain to the parent that vaccines are mandatory

Presenting a Vaccine Information Statement (VIS) to the parent is the best next step because it supports informed decision-making by providing clear, standardized information about the vaccine's benefits, risks, and potential side effects before any shot is given. The VIS is part of the documented consent process, confirming that the parent has received important details to discuss with the clinician and make an educated choice for their infant. This approach respects the parent's role in deciding about their child's health, while also creating a foundation for a constructive conversation that can address concerns, myths, and questions. If concerns persist, the nurse should continue the discussion, review the child's medical history for any true contraindications, and reinforce the recommended immunization schedule, offering additional resources as needed. It is not appropriate to vaccinate without consent, nor to imply vaccines are mandatory, and postponing discussion can leave the child unprotected.

9. During scoliosis screening for school-age children, which position is used to assess curvature?

A. Bending forward with back parallel to the floor

B. Standing erect

C. Lying on the back with knees extended

D. Sitting upright with arms overhead

The main concept is that scoliosis screening uses a forward-bend position to reveal curvature. Bending forward with the back parallel to the floor—the Adams forward bend test—accentuates the spinal rotation and rib prominence that accompany scoliosis. When the spine curves laterally and rotates, bending forward makes the rib hump on the convex side more noticeable and creates visible asymmetry in the trunk, shoulders, or hips. This quick, noninvasive position helps clinicians detect abnormalities that may not be evident when standing straight or lying down. Standing erect or lying on the back, or sitting with arms overhead, typically do not expose the rib hump as clearly, so they're less effective for screening.

10. Which statement accurately describes reassessment after starting IV fluids in dehydration?

A. Weight only

B. Temperature only

C. Vital signs, capillary refill, urine output, mucous membranes, and weight (as feasible)

D. Blood pressure only

Reassessment after starting IV fluids in dehydration should give a full picture of how the child is responding to therapy by looking at several interconnected signs of perfusion, hydration, and fluid balance. Vital signs track overall stability and how the circulatory system is adapting as volume improves. Capillary refill time is a quick gauge of peripheral perfusion—shorter refill times indicate better blood flow to tissues. Urine output shows whether kidneys are receiving enough perfusion and whether fluid intake is translating into urine, a key signal of adequate rehydration. Moist mucous membranes reflect improved hydration status, and serial weight measurements provide an objective tally of net fluid gain or loss over time, guiding ongoing fluid management. Because each parameter reflects a different aspect of the child's status, together they offer the most reliable view of rehydration progress. Relying on any single measure, like blood pressure or temperature alone, can miss ongoing dehydration or shifts in fluid balance, whereas a comprehensive assessment helps tailor therapy as the child improves.

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://cmspnpediatrics.examzify.com

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