

CMS PRACTICAL NURSING (PN) PEDIATRICS PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://cmspnpediatrics.examzify.com>



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 accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

SAMPLE

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

SAMPLE

- 1. What is the typical dosing for acetaminophen in a pediatric patient?**
 - A. 10–15 mg/kg per dose every 4–6 hours as needed; max 75 mg/kg per day.
 - B. 5–10 mg/kg per dose every 8 hours; max 60 mg/kg per day.
 - C. 20–25 mg/kg per dose every 6 hours; max 100 mg/kg per day.
 - D. 15–20 mg/kg per dose every 12 hours; max 80 mg/kg per day.

- 2. Which of the following statements about iron deficiency anemia in toddlers is true?**
 - A. Toddlers do not need iron in their diet.
 - B. Screening for iron deficiency anemia is optional and rarely indicated.
 - C. Iron deficiency anemia due to inadequate iron intake is a common nutrition concern in toddlers and should be screened.
 - D. Iron overload is a common concern in toddlers.

- 3. Which developmental screening instrument is commonly used to identify delays in children in primary care?**
 - A. Denver Developmental Screening Test II (Denver II).
 - B. WeeFIM.
 - C. Vineland Adaptive Behavior Scales.
 - D. PHQ-9.

- 4. Which isolation precaution applies to measles in pediatrics?**
 - A. Airborne precautions.
 - B. Contact precautions.
 - C. Droplet precautions.
 - D. Standard precautions.

- 5. Which scenario is a contraindication to vaccination?**
 - A. Mild illness with fever under 38C.
 - B. History of anaphylactic reaction to a previous vaccine or its component.
 - C. Recent antibiotic use.
 - D. Upcoming surgery.

- 6. Which of the following actions is NOT recommended for a child with antibiotic-associated diarrhea?**
- A. Ensure adequate hydration
 - B. Avoid fluids
 - C. Consider probiotics after discussion
 - D. Seek care if diarrhea persists or bloody stool
- 7. Which developmental screening tool is commonly used in pediatrics to identify delays?**
- A. Bayley Scales of Infant Development.
 - B. Ages and Stages Questionnaire (ASQ).
 - C. Denver Developmental Screening Test II (Denver II).
 - D. M-CHAT.
- 8. Which symptom strongly suggests diabetic ketoacidosis in a child with new-onset diabetes?**
- A. Fever and cough.
 - B. Weight gain and swelling.
 - C. Abdominal pain with constipation.
 - D. Polyuria, polydipsia, weight loss, dehydration, abdominal pain, and possibly fruity breath.
- 9. What is the role of fluoride in pediatric dental health?**
- A. Prevent dental caries; use fluoride toothpaste; consider fluoride supplements if water is deficient and schedule dental visits.
 - B. Causes tooth decay; avoid fluoride toothpaste.
 - C. Has no effect on pediatric dental health.
 - D. Only works for adults.
- 10. In infant feeding, how should the infant be positioned after feeding to reduce aspiration risk?**
- A. Keep the baby semi-upright after feeding.
 - B. Place the baby flat on the back after feeding.
 - C. Feed again immediately after finishing the previous meal.
 - D. Hold the baby upright for several hours without burping.

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What is the typical dosing for acetaminophen in a pediatric patient?

- A. 10–15 mg/kg per dose every 4–6 hours as needed; max 75 mg/kg per day.**
- B. 5–10 mg/kg per dose every 8 hours; max 60 mg/kg per day.
- C. 20–25 mg/kg per dose every 6 hours; max 100 mg/kg per day.
- D. 15–20 mg/kg per dose every 12 hours; max 80 mg/kg per day.

Dosing acetaminophen in children is based on weight and uses a safe per-dose amount with a strict daily maximum to prevent liver toxicity. The standard approach is 10–15 mg per kilogram per dose, given every 4–6 hours as needed, not to exceed 75 mg/kg in 24 hours. This pattern provides effective fever and pain relief while keeping total exposure within a safe limit. For example, a child who weighs 20 kg would receive roughly 200–300 mg per dose, spaced at least 4 hours apart, with a daily maximum around 1,500 mg. Always check that other medicines your child takes don't also contain acetaminophen, to avoid accidental overdose. The other options either use inappropriate per-dose amounts or dosing intervals that would lead to under-treatment or exceeding safe daily limits. Doses like 5–10 mg/kg every 8 hours deliver far less total daily acetaminophen; 20–25 mg/kg every 6 hours could push the daily total above the safe 75 mg/kg ceiling; and 15–20 mg/kg every 12 hours would under-treat by providing only about 30–40 mg/kg per day.

2. Which of the following statements about iron deficiency anemia in toddlers is true?

- A. Toddlers do not need iron in their diet.
- B. Screening for iron deficiency anemia is optional and rarely indicated.
- C. Iron deficiency anemia due to inadequate iron intake is a common nutrition concern in toddlers and should be screened.**
- D. Iron overload is a common concern in toddlers.

Iron is essential for growth and brain development in toddlers, who have high needs relative to their small stomachs. Because many toddlers' diets can be low in iron—especially when milk consumption is high or dietary variety is limited—iron deficiency anemia is a common nutrition concern in this age group. Early detection matters because iron deficiency can affect development even before anemia becomes severe, so screening helps catch problems before they cause lasting effects and allows timely intervention, such as increasing dietary iron or providing iron supplements. The other statements aren't accurate: iron is required in the toddler diet, not optional; screening for iron deficiency anemia is recommended rather than rarely indicated; and iron overload is not a common concern in healthy toddlers unless there is a specific disorder or excessive supplementation.

3. Which developmental screening instrument is commonly used to identify delays in children in primary care?

- A. Denver Developmental Screening Test II (Denver II).**
- B. WeeFIM.
- C. Vineland Adaptive Behavior Scales.
- D. PHQ-9.

Screening for developmental delays in primary care relies on a brief, multi-domain tool that can be quickly used during a well-child visit. The Denver Developmental Screening Test II is designed for exactly that setting: it screens children from birth to about six years across four domains—personal-social, fine motor-adaptive, language, and gross motor—and flags children who may have a delay, guiding a need for more comprehensive follow-up assessment. Its popularity in pediatric practice comes from being relatively quick to administer, straightforward to score, and specifically intended for routine screening rather than diagnosis. If a child is flagged, clinicians can proceed with a more in-depth evaluation or refer for early intervention services. In contrast, WeeFIM measures functional independence and is typically used in rehabilitation or discharge planning, not as a general primary-care screen. The Vineland Adaptive Behavior Scales provide a detailed assessment of adaptive behaviors and are more time-consuming and usually used for diagnostic or eligibility purposes rather than quick screening in busy clinics. The PHQ-9 is a depression screen designed for adults (or older adolescents) and does not assess developmental milestones in children.

4. Which isolation precaution applies to measles in pediatrics?

- A. Airborne precautions.**
- B. Contact precautions.
- C. Droplet precautions.
- D. Standard precautions.

Measles spreads through airborne particles that can linger in the air and travel beyond close contact. Because of this, the appropriate isolation approach is airborne precautions. In a hospital setting, this means placing the child in a negative-pressure room and ensuring staff wear respirators (such as an N95) or higher-level protection when entering the room. Standard precautions are used for all patients, but airborne precautions specifically address the airborne transmission risk of measles. Droplet or contact precautions alone wouldn't fully prevent spread since measles can be transmitted through the air over longer distances.

5. Which scenario is a contraindication to vaccination?

- A. Mild illness with fever under 38°C.
- B. History of anaphylactic reaction to a previous vaccine or its component.**
- C. Recent antibiotic use.
- D. Upcoming surgery.

A severe allergic reaction to a previous vaccine or to a component inside a vaccine is a true contraindication to giving that vaccine again. An anaphylactic reaction means the body could react explosively upon re-exposure, risking another life-threatening event. Because of this high risk, vaccination should be avoided until a healthcare professional assesses the allergy and determines safe alternatives or precautions. Mild illness with a fever under 38°C, recent antibiotic use, and an upcoming surgery do not constitute contraindications. Vaccines can usually be given when a child is mildly ill, antibiotics don't affect vaccine safety or effectiveness, and surgery does not require delaying routine vaccination unless there are other specific medical concerns.

6. Which of the following actions is NOT recommended for a child with antibiotic-associated diarrhea?

- A. Ensure adequate hydration
- B. Avoid fluids**
- C. Consider probiotics after discussion
- D. Seek care if diarrhea persists or bloody stool

The main concept here is how to safely manage antibiotic-associated diarrhea in a child. Hydration is the cornerstone: diarrhea can quickly lead to dehydration, so offering oral rehydration solutions and continuing normal feeding as tolerated helps replace lost fluids and electrolytes. Encouraging fluids is essential; avoiding them would worsen dehydration and is not advised. Probiotics can be considered as a supportive option after discussing with a clinician. In some children, certain probiotics may reduce the duration or chance of diarrhea when antibiotics are taken, but they need clinician guidance to choose a safe option and appropriate timing and dose, especially in kids with underlying health issues. Seek medical care if diarrhea lasts beyond a few days, if signs of dehydration appear (dry mouth, no tear production, decreased urine, lethargy), or if there is bloody stool or a high fever. These signals indicate a need for evaluation to rule out more serious problems.

7. Which developmental screening tool is commonly used in pediatrics to identify delays?

- A. Bayley Scales of Infant Development.
- B. Ages and Stages Questionnaire (ASQ).
- C. Denver Developmental Screening Test II (Denver II).**
- D. M-CHAT.

Screening in pediatrics uses standardized, quick tools to flag potential delays so kids can get a closer look when needed. The Denver Developmental Screening Test II fits this role well because it's a brief, clinician-administered screen that covers four areas—personal-social, fine motor-adaptive, language, and gross motor—across birth through about six years. Tasks are age-appropriate and scored against norms, so a child who misses several items or fails a key item signals a potential delay and the need for further evaluation. This practical, office-friendly format makes it a common go-to for routine developmental screening. Other tools serve different purposes: the Bayley Scales are a more in-depth, comprehensive assessment rather than a quick screen; the Ages and Stages Questionnaire is a parent-completed screener that can be useful but is less about the clinician-led quick check; and the M-CHAT focuses specifically on autism risk rather than general developmental delays.

8. Which symptom strongly suggests diabetic ketoacidosis in a child with new-onset diabetes?

- A. Fever and cough.
- B. Weight gain and swelling.
- C. Abdominal pain with constipation.
- D. Polyuria, polydipsia, weight loss, dehydration, abdominal pain, and possibly fruity breath.**

Diabetic ketoacidosis presents in children with new-onset type 1 diabetes as a picture of dehydration from osmotic diuresis, plus the metabolic effects of insulin deficiency. The key signs are polyuria and polydipsia from high blood glucose, weight loss from the body burning fat and muscle for energy, and dehydration. Abdominal pain is a common accompanying symptom in DKA, and fruity breath can occur due to acetone produced when fats are broken down. Taken together, this cluster points strongly to DKA and the urgent need for evaluation and treatment. The other options don't fit this urgent metabolic picture: fever and cough more likely suggest infection; weight gain and swelling point toward fluid overload or nephrotic syndrome; abdominal pain with constipation is not characteristic of the acute metabolic derangements seen in DKA.

9. What is the role of fluoride in pediatric dental health?

- A. Prevent dental caries; use fluoride toothpaste; consider fluoride supplements if water is deficient and schedule dental visits.**
- B. Causes tooth decay; avoid fluoride toothpaste.
- C. Has no effect on pediatric dental health.
- D. Only works for adults.

Fluoride prevents cavities in children by strengthening enamel and promoting remineralization. When fluoride is present in toothpaste and in drinking water (or given as a supplement when water fluoride is low), it helps enamel resist acid attacks from plaque bacteria and aids the remineralization process that can repair early decay. In pediatric care, this translates to using fluoride toothpaste regularly, ensuring appropriate fluoride exposure from the water supply or supplements if needed, and maintaining routine dental visits for preventive care such as professional fluoride treatments and sealants when indicated. The other statements don't fit because fluoride does not cause decay, it does have a protective effect, and it is beneficial for both children and adults, not exclusively for adults. Additionally, safe use in children includes supervising brushing and using an age-appropriate amount of toothpaste.

10. In infant feeding, how should the infant be positioned after feeding to reduce aspiration risk?

- A. Keep the baby semi-upright after feeding.**
- B. Place the baby flat on the back after feeding.
- C. Feed again immediately after finishing the previous meal.
- D. Hold the baby upright for several hours without burping.

After feeding, keeping the infant semi-upright helps gravity keep the milk in the stomach and reduces the chance of refluxed contents reaching the airway, which lowers aspiration risk. Hold the baby upright for about 20–30 minutes and tilt slightly forward to maintain that position comfortably. Remember to burp the infant during and after feeds to release swallowed air, which also lowers reflux potential. Lying flat on the back after feeding can allow milk to reflux toward the airway, increasing aspiration risk. Feeding again immediately adds volume and can overwhelm the immature swallowing mechanism, heightening the risk of reflux or choking. Holding the baby upright for hours without burping isn't necessary and can be uncomfortable; brief upright positioning with burping is the goal.

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://cmsnpnpediatrics.examzify.com>

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

SAMPLE