

Emergency Nursing Pediatric Course (ENPC) 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

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- 1. What is the normal respiratory rate for a child aged 3-5 years?**
 - A. 12-20 breaths per minute**
 - B. 18-35 breaths per minute**
 - C. 22-40 breaths per minute**
 - D. 30-55 breaths per minute**
- 2. What specific assessment is required for circulation in the PAT?**
 - A. Heart rate and blood pressure**
 - B. Skin color and temperature**
 - C. Capillary refill time**
 - D. All of the above**
- 3. What is the primary treatment for impetigo?**
 - A. Topical or oral antibiotics**
 - B. Antihistamines**
 - C. Astringent solutions**
 - D. Systemic corticosteroids**
- 4. What is the indicator for initiating resuscitation in a neonate?**
 - A. Presence of heart rate**
 - B. Baby appears to be term and exhibits good muscle tone**
 - C. Baby is breathing normally**
 - D. Presence of crying sound**
- 5. What is one of the main indicators for surgical intervention in testicular torsion?**
 - A. Sharp, sudden testicular pain**
 - B. Chronic low-level discomfort**
 - C. Discoloration of the scrotum**
 - D. Frequent urination**

6. What is a significant anatomical feature of infants that requires monitoring during procedures?

- A. They are predominantly mouth breathers**
- B. They have larger heads that can cause neck flexion**
- C. They cannot tolerate sedation**
- D. They have strong tracheal support**

7. Pediatric patients are at a higher risk for abdominal trauma injury due to what reason?

- A. Dehydration**
- B. Smaller organs**
- C. Larger organs and immature muscle structures**
- D. Previous surgeries**

8. Which sign may indicate human trafficking in a patient?

- A. Change in diet**
- B. Sudden behavioral change**
- C. Recent weight loss**
- D. Frequent hospital visits**

9. What action should a nurse take to provide trauma informed care to the family of a seriously ill child?

- A. Placing the family in a quiet, secluded room**
- B. Referring to their child as "the patient"**
- C. Making sure the family does not stay at the bedside**
- D. Appointing one staff member to stay with the family**

10. During the 6-12 years stage, what is an important consideration when caring for children?

- A. Discouraging participation in activities**
- B. Encouraging competition and comparison**
- C. Promoting an industry vs inferiority mindset**
- D. Focusing on adult tasks**

Answers

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

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Explanations

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1. What is the normal respiratory rate for a child aged 3-5 years?

- A. 12-20 breaths per minute
- B. 18-35 breaths per minute**
- C. 22-40 breaths per minute
- D. 30-55 breaths per minute

The normal respiratory rate for a child aged 3-5 years is 18-35 breaths per minute, making this the correct choice. Children in this age group have a higher metabolic rate compared to adults, which correlates with faster breathing rates to accommodate their body's oxygen demands. As children grow, their respiratory patterns can change significantly, with younger children generally exhibiting higher respiratory rates that gradually slow as they age and develop. The range of 18-35 breaths per minute captures the normal variance found in this age group, taking into account factors such as activity level and health status. Understanding these physiological norms is crucial in emergency nursing, as deviations from the expected respiratory rates can indicate underlying health problems. It allows nurses to assess respiratory function quickly during clinical evaluations or emergency situations.

2. What specific assessment is required for circulation in the PAT?

- A. Heart rate and blood pressure
- B. Skin color and temperature
- C. Capillary refill time
- D. All of the above**

In the Pediatric Assessment Triangle (PAT), a comprehensive assessment of circulation is essential for determining the physiological status of a child. This assessment requires gathering a variety of data points to obtain a holistic view of the child's hemodynamic status. Heart rate and blood pressure are critical indicators that provide direct insight into cardiac function and blood flow. Elevated or decreased heart rates, along with abnormal blood pressure readings, can indicate potential circulatory problems. Skin color and temperature are external indicators of perfusion. For instance, pale or mottled skin may suggest inadequate circulation, while a warm, flushed appearance might indicate fever or infection. Assessing these aspects helps in understanding the child's circulatory status. Capillary refill time is also an important component, particularly in the assessment of peripheral circulation. A prolonged capillary refill can indicate poor perfusion, suggesting that the body's circulatory system may not be adequately supplying blood to the extremities. Combining all these aspects—heart rate, blood pressure, skin color and temperature, and capillary refill—provides a thorough assessment of circulation. Therefore, recognizing that all these elements are necessary for a complete evaluation underscores the importance of examining multiple signs and symptoms in the assessment process. This integrated approach allows healthcare providers to make informed decisions regarding the

3. What is the primary treatment for impetigo?

- A. Topical or oral antibiotics**
- B. Antihistamines**
- C. Astringent solutions**
- D. Systemic corticosteroids**

The primary treatment for impetigo involves the use of topical or oral antibiotics. Impetigo is a highly contagious skin infection commonly caused by bacteria such as *Staphylococcus aureus* or *Streptococcus pyogenes*. The goal of antibiotic therapy is to eliminate the infection and prevent complications, including the spread of the infection to others. Topical antibiotics, such as mupirocin, are typically effective for localized lesions and can be applied directly to the affected areas. In cases where the infection is more extensive or if the patient has multiple lesions, oral antibiotics may be necessary to ensure a systemic approach to treatment. Prompt treatment can help reduce discomfort, improve healing times, and limit contagion. While antihistamines are useful for managing itch associated with allergic reactions or dermatitis, they do not target the bacterial infection present in impetigo. Astringent solutions may alleviate some superficial symptoms but do not address the underlying infection. Systemic corticosteroids can manage inflammation but are not appropriate for treating bacterial infections like impetigo, as they can potentially worsen the condition by suppressing the immune response. Thus, the focus on antibiotic therapy in the primary treatment is crucial for effectively managing impetigo.

4. What is the indicator for initiating resuscitation in a neonate?

- A. Presence of heart rate**
- B. Baby appears to be term and exhibits good muscle tone**
- C. Baby is breathing normally**
- D. Presence of crying sound**

Initiating resuscitation in a neonate is based on specific indicators reflecting the newborn's immediate condition. Among the choices provided, the presence of good muscle tone and confirmation that the baby appears to be term are critical factors in determining whether resuscitation is necessary. A neonate that is full-term and exhibits good muscle tone is generally considered to be in a stable condition, which suggests that they have effectively transitioned to extrauterine life. Good muscle tone typically indicates adequate oxygenation and cardiovascular stability, reducing the likelihood of needing resuscitation. Thus, if these indicators are absent or abnormal, that would warrant immediate resuscitative efforts. Other choices, while they may appear significant, do not serve as definitive indicators for initiating resuscitation on their own. The presence of a heart rate alone, normal breathing, or the sound of crying might suggest a degree of stability but are not sufficient conditions on their own to determine the need for resuscitation intervention. In practice, these assessments would be evaluated in conjunction with overall clinical observations, with muscle tone serving as a more reliable marker for the neonate's well-being in this context.

5. What is one of the main indicators for surgical intervention in testicular torsion?

- A. Sharp, sudden testicular pain**
- B. chronic low-level discomfort**
- C. Discoloration of the scrotum**
- D. Frequent urination**

One of the main indicators for surgical intervention in testicular torsion is sharp, sudden testicular pain. This symptom is critical because testicular torsion represents a surgical emergency where the spermatic cord becomes twisted, compromising the blood supply to the affected testicle. The acute onset of severe pain typically indicates that there is a significant pathophysiological event occurring, and swift intervention is required to prevent testicular necrosis. In contrast, chronic low-level discomfort is generally not a hallmark of testicular torsion but might be indicative of other conditions, such as a less acute issue. Discoloration of the scrotum can occur due to testicular torsion or other conditions, but it may not always present immediately and is not the primary reason to initiate surgical intervention. Frequent urination is also unrelated to testicular torsion and would not guide the decision for urgent surgical management. The focus on acute, severe pain emphasizes the need for timely evaluation and intervention to ensure the best possible outcome for the patient.

6. What is a significant anatomical feature of infants that requires monitoring during procedures?

- A. They are predominantly mouth breathers**
- B. They have larger heads that can cause neck flexion**
- C. They cannot tolerate sedation**
- D. They have strong tracheal support**

The significance of the anatomical feature related to infants having larger heads is crucial for their safety during procedures. Infants have relatively larger heads in proportion to their bodies, which can lead to increased risk of neck flexion. When the neck is flexed too far, it can obstruct the airway due to the alignment of the trachea and the head position. Monitoring this aspect is vital, as improper positioning can compromise respiratory function and increase the risk of airway obstruction. Careful positioning is essential to ensuring that the airway remains clear and accessible. This is particularly important in emergency situations or during any procedural sedation, where maintaining an open airway is paramount for adequate ventilation. Addressing this anatomical feature helps healthcare providers take necessary precautions to secure the airway properly and prevent complications related to airway management in infants.

7. Pediatric patients are at a higher risk for abdominal trauma injury due to what reason?

- A. Dehydration**
- B. Smaller organs**
- C. Larger organs and immature muscle structures**
- D. Previous surgeries**

Pediatric patients are at a higher risk for abdominal trauma primarily due to the presence of larger organs relative to their smaller body size and their immature muscle structures. In children, the abdominal wall is thinner and less muscular compared to adults, providing less protection for internal organs. This anatomical difference means that even minor impacts can result in significant injury to larger organs, such as the liver and spleen, which are proportionately larger in children than they are in adults.

Additionally, the underdeveloped muscle and connective tissue around these organs can lead to increased susceptibility to blunt trauma. As a result, the potential for internal organ damage is heightened, making awareness and appropriate management of abdominal trauma critically important in pediatric care settings. The other options do not fully address the primary anatomical and physiological factors that contribute to the increased risk of abdominal injury in children. For example, while dehydration can impact various systems, it is not a direct causative factor for an increased risk of trauma injuries. Similarly, although smaller organs may seem like a factor, larger relative sizes in children pose a higher risk when trauma occurs. Previous surgeries can complicate abdominal issues but are not a widespread risk factor affecting all pediatric patients in the same way.

8. Which sign may indicate human trafficking in a patient?

- A. Change in diet**
- B. Sudden behavioral change**
- C. Recent weight loss**
- D. Frequent hospital visits**

A sudden behavioral change in a patient can be an important indicator of human trafficking. Victims of trafficking often experience trauma, fear, and manipulation, which may lead to drastic shifts in how they present themselves or interact with healthcare providers. This change may manifest as increased anxiety, withdrawal from social interactions, or PTSD symptoms, all of which signal a need for further investigation. Other signs, while potentially relevant in assessing a patient's overall health or well-being, may not be as directly indicative of human trafficking. For example, a change in diet or recent weight loss could be attributed to numerous unrelated health issues, and frequent hospital visits could simply indicate a chronic health problem or lack of access to ongoing care. Understanding the context and specific behaviors of an individual is crucial in identifying potential victims of trafficking, and sudden behavioral changes often serve as a significant red flag in these situations.

9. What action should a nurse take to provide trauma informed care to the family of a seriously ill child?

- A. Placing the family in a quiet, secluded room**
- B. Referring to their child as "the patient"**
- C. Making sure the family does not stay at the bedside**
- D. Appointing one staff member to stay with the family**

Providing trauma-informed care to the family of a seriously ill child involves understanding the impact of trauma and ensuring that families feel supported and valued during a distressing time. Appointing one staff member to stay with the family is a critical action because it helps to create a stable, consistent presence. This individual can offer support, answer questions, and provide information, which fosters trust and reassurance. By having a dedicated staff member, families can more effectively communicate their needs and concerns, which is essential in managing the emotional trauma associated with their child's illness. Additionally, this one-on-one connection helps to alleviate feelings of isolation and confusion that families may experience, thus allowing them to process their emotions in a safer environment. It aligns with the principles of trauma-informed care, which emphasize safety, empowerment, and collaboration between the healthcare team and the family. This approach not only supports the family through their journey but also creates an environment of compassionate care that acknowledges their emotional and psychological needs.

10. During the 6-12 years stage, what is an important consideration when caring for children?

- A. Discouraging participation in activities**
- B. Encouraging competition and comparison**
- C. Promoting an industry vs inferiority mindset**
- D. Focusing on adult tasks**

During the 6-12 years stage, promoting an industry vs. inferiority mindset is vital for children's development. This stage is characterized by a focus on competence, accomplishment, and a sense of pride in their abilities. Children are developing skills and are eager to learn and engage in productive activities, both socially and academically. Encouraging children to take on challenges and succeed helps build their self-esteem, fostering a sense of industry. When they are supported in their efforts to master new skills—whether in sports, academics, or hobbies—they develop a confidence that carries into their teenage years and beyond. It's important for caregivers and educators to recognize and celebrate these achievements, no matter how small, as this reinforces their sense of competence and belonging. This contrasts with discouraging participation in activities, encouraging competition and comparison excessively, or focusing solely on adult tasks, which can undermine children's self-esteem and inhibit their healthy development during this critical stage.

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://emergencynursingpediatriccourse.examzify.com>

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

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