

# Focus on Child Health 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. In patients with gastroesophageal reflux disease (GERD), how does pacifier use affect the condition?**
  - A. Increases episodes of reflux**
  - B. Does not have any effect**
  - C. Decreases the frequency of crying and reflux**
  - D. Is harmful to the infant's oral health**
  
- 2. What is the main focus of treatment for irritable bowel syndrome in children?**
  - A. Curing the condition with medication**
  - B. Relieving the symptoms**
  - C. Identifying food allergies**
  - D. Recommending surgical intervention**
  
- 3. Which activity is appropriate for a school-age child hospitalized with acute febrile rheumatic fever?**
  - A. Outdoor sports**
  - B. Board games**
  - C. Group play in the playroom**
  - D. Watching action movies**
  
- 4. What best describes the expected drainage following a myringotomy procedure?**
  - A. Severe bleeding requiring intervention.**
  - B. Small amount of reddish drainage is normal.**
  - C. Clear drainage for the first week is typical.**
  - D. If drainage stops, it may require concern.**
  
- 5. How long should an affected leg be kept straight after cardiac catheterization?**
  - A. 2 to 4 hours**
  - B. 4 to 6 hours**
  - C. 6 to 8 hours**
  - D. 8 to 10 hours**

- 6. What action should a nurse take if an infant's serum digoxin level is 0.6 ng/mL?**
- A. Withhold the dose and notify the healthcare provider**
  - B. Administer the prescribed dose**
  - C. Obtain a blood sample to repeat the test**
  - D. Administer a higher dose of digoxin**
- 7. What is a common sign of respiratory distress in a child?**
- A. Persistent cough**
  - B. Grunting or retractions**
  - C. High-grade fever**
  - D. Flushed skin**
- 8. What is the recommended daily intake of vitamin D for infants?**
- A. 200 IU (International Units)**
  - B. 400 IU (International Units)**
  - C. 600 IU (International Units)**
  - D. 800 IU (International Units)**
- 9. Which question should a nurse ask to assess for symptoms associated with von Willebrand's disease?**
- A. "Have you experienced any joint pain?"**
  - B. "How many times have you had a nosebleed?"**
  - C. "Do you have any allergies?"**
  - D. "Is there a family history of hemophilia?"**
- 10. Which statement reflects an understanding of hydration needs in pediatric care?**
- A. "Children with dehydration can drink any amount of fluids."**
  - B. "Monitoring weight is not necessary for hydration assessment."**
  - C. "Urine output is a vital sign of dehydration status."**
  - D. "Dehydrated children should always be given solid food immediately."**

## Answers

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

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## **Explanations**

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**1. In patients with gastroesophageal reflux disease (GERD), how does pacifier use affect the condition?**

- A. Increases episodes of reflux**
- B. Does not have any effect**
- C. Decreases the frequency of crying and reflux**
- D. Is harmful to the infant's oral health**

The correct response highlights how pacifier use may have a beneficial effect in infants with gastroesophageal reflux disease (GERD). When infants use a pacifier, this action can help to promote self-soothing, which in turn may reduce overall crying. Crying can contribute to increased intra-abdominal pressure, leading to more frequent reflux episodes. By decreasing the frequency of crying, the pacifier indirectly helps to minimize the occurrence of reflux, providing a calming effect that supports better overall comfort for the infant. Additionally, the use of a pacifier can encourage infants to adopt a more relaxed and calm demeanor, which may further decrease the likelihood of reflux episodes. If an infant is less distressed, less crying and fussiness can lead to a more comfortable feeding process, ultimately supporting digestive health. In this context, pacifier use is not detrimental; rather, it serves a supportive role in managing the symptoms of GERD in infants.

**2. What is the main focus of treatment for irritable bowel syndrome in children?**

- A. Curing the condition with medication**
- B. Relieving the symptoms**
- C. Identifying food allergies**
- D. Recommending surgical intervention**

The main focus of treatment for irritable bowel syndrome (IBS) in children is to relieve the symptoms. IBS is a functional gastrointestinal disorder characterized by chronic abdominal pain, bloating, and changes in bowel habits. Unlike some other conditions, there is currently no definitive cure for IBS, especially in children. Therefore, treatment primarily centers on managing and alleviating the discomfort associated with the syndrome. Symptom relief can be achieved through a combination of dietary modifications, medications, and lifestyle changes tailored to the individual needs of the child. This might include increasing fiber intake, using antispasmodic medications, or addressing stress management techniques. The emphasis on symptom relief helps to improve the child's quality of life and daily functioning, facilitating a better overall experience as they navigate their condition. In contrast, while identifying food allergies may be an important component of digestive health, it is not the central approach to treating IBS specifically. Similarly, surgical interventions are not indicated for IBS, as it is not a structural condition. Curing the condition with medication is also not feasible since IBS does not have a cure; the focus remains on managing symptoms effectively.

**3. Which activity is appropriate for a school-age child hospitalized with acute febrile rheumatic fever?**

- A. Outdoor sports**
- B. Board games**
- C. Group play in the playroom**
- D. Watching action movies**

When considering activities appropriate for a school-age child hospitalized with acute febrile rheumatic fever, engaging in board games is particularly suitable. This condition often requires the child to have limited physical activity to avoid exacerbating their symptoms and potential complications. Board games provide a safe and stimulating way for the child to pass the time, encourage cognitive engagement, and allow interaction with others without physical strain. Playing board games can help maintain social connections with peers or siblings who may visit, fostering emotional support while the child is in an unfamiliar and possibly stressful hospital environment. Additionally, this type of activity does not require the physical exertion associated with outdoor sports or group play, both of which could potentially increase the child's heart workload—an important consideration with rheumatic fever, which can affect heart function. While watching action movies might seem entertaining, it lacks the interactive quality that board games offer. Movies could also lead to passive engagement, which might not provide the same emotional and cognitive benefits as more interactive activities. Thus, board games strike a balance between entertainment and cognitive stimulation while remaining physically safe for the child's health condition.

**4. What best describes the expected drainage following a myringotomy procedure?**

- A. Severe bleeding requiring intervention.**
- B. Small amount of reddish drainage is normal.**
- C. Clear drainage for the first week is typical.**
- D. If drainage stops, it may require concern.**

After a myringotomy procedure, which involves creating a small incision in the eardrum to alleviate pressure or fluid build-up, the expected drainage can vary but is typically minimal. A small amount of reddish drainage is considered normal as it may be a result of mild trauma to the eardrum during the procedure. This drainage generally does not indicate a complication and usually resolves quickly. It is important to monitor the drainage but a small quantity, especially if it appears reddish, aligns with the typical healing process as the eardrum begins to recover. In contrast, significant bleeding that would require intervention is not typical and may suggest other complications. Clear drainage could occur, but it is more common for initial drainage to be tinged with blood. If drainage were to stop completely without other symptoms, it could indicate an issue, but it isn't a standard expectation following the procedure. Thus, the small amount of reddish drainage being normal accurately describes what is anticipated after a myringotomy.

**5. How long should an affected leg be kept straight after cardiac catheterization?**

- A. 2 to 4 hours
- B. 4 to 6 hours**
- C. 6 to 8 hours
- D. 8 to 10 hours

After cardiac catheterization, keeping the affected leg straight for an appropriate duration is crucial to prevent complications such as bleeding or clots at the catheter insertion site. The correct duration of 4 to 6 hours allows sufficient time for hemostasis, where the blood vessel can seal properly after the catheter is removed. This timeframe ensures that any potential bleeding is minimized while still allowing for postoperative monitoring. Depending on the patient's age, size, and individual response, this range effectively balances safety and comfort. It's essential for healthcare providers to follow protocols that rely on evidence-based practices to ensure optimal recovery and reduce the risk of complications after such invasive procedures. Keeping the leg straight beyond this time frame may not provide additional benefits and could be uncomfortable for the child.

**6. What action should a nurse take if an infant's serum digoxin level is 0.6 ng/mL?**

- A. Withhold the dose and notify the healthcare provider
- B. Administer the prescribed dose**
- C. Obtain a blood sample to repeat the test
- D. Administer a higher dose of digoxin

The appropriate action for a nurse to take when an infant's serum digoxin level is 0.6 ng/mL is to administer the prescribed dose. The therapeutic range for digoxin levels in children typically falls between 0.5 to 2.0 ng/mL, with 0.6 ng/mL being within this range. This indicates that the drug concentration is adequate for therapeutic effect and does not pose a risk of toxicity. It is crucial to interpret digoxin levels in conjunction with the infant's clinical status and any symptoms they may be exhibiting. If the infant shows no signs of digoxin toxicity, such as bradycardia, vomiting, or any distress, then administering the prescribed dose is warranted. Other actions, such as withholding the dose and notifying the healthcare provider, or obtaining a repeat blood sample, would be appropriate if the digoxin level were outside the expected therapeutic range or if the infant exhibited signs of toxicity. Administering a higher dose would only be indicated if there were significant clinical reasons to increase the dosage, which is not the case here given the current level within the therapeutic window.

## 7. What is a common sign of respiratory distress in a child?

- A. Persistent cough
- B. Grunting or retractions**
- C. High-grade fever
- D. Flushed skin

Grunting or retractions are definitive indicators of respiratory distress in a child. Grunting is a sound that children make when they are attempting to increase intrathoracic pressure to improve oxygenation when they are struggling to breathe. It is often audible and shows that the child is exerting extra effort in breathing due to inadequate oxygen exchange. Retractions refer to the visible sinking in of the skin around the ribs and collarbone as the child struggles to breathe. This indicates that the child is using accessory muscles to assist with breathing, suggesting that the lungs or airways may be compromised. Both grunting and retractions serve as clear signs of respiratory issues, warranting immediate medical assessment and intervention, as they reflect an increased work of breathing and potential respiratory failure. In contrast, while a persistent cough may be associated with respiratory issues, it is not as specific or immediate as the signs of grunting and retractions. High-grade fever can be a symptom of an underlying infection, but it doesn't directly indicate respiratory distress. Flushed skin can occur for various reasons, including fever or exertion, but it also does not specifically indicate respiratory difficulties. Thus, grunting and retractions are the most reliable signs indicating that a child is experiencing respiratory distress.

## 8. What is the recommended daily intake of vitamin D for infants?

- A. 200 IU (International Units)
- B. 400 IU (International Units)**
- C. 600 IU (International Units)
- D. 800 IU (International Units)

The recommended daily intake of vitamin D for infants is 400 IU (International Units). This recommendation is based on the understanding that vitamin D plays a crucial role in bone health by aiding in the absorption of calcium and phosphorus, which are essential for developing bones. Infants, especially those who are exclusively breastfed, may not receive adequate amounts of vitamin D from breast milk alone. As a result, an adequate intake is vital to prevent conditions such as rickets, which results from vitamin D deficiency. Health authorities, including the American Academy of Pediatrics, endorse this intake as a preventive measure against deficiencies during the critical growth period in infancy. Thus, 400 IU is seen as sufficient for ensuring that infants develop healthy bones and to meet their physiological needs for this essential nutrient during the first year of life.

**9. Which question should a nurse ask to assess for symptoms associated with von Willebrand's disease?**

- A. "Have you experienced any joint pain?"
- B. "How many times have you had a nosebleed?"**
- C. "Do you have any allergies?"
- D. "Is there a family history of hemophilia?"

To assess for symptoms associated with von Willebrand's disease, asking about the frequency of nosebleeds is particularly insightful. Von Willebrand's disease is characterized by a deficiency or dysfunction of von Willebrand factor, which is crucial for platelet adhesion during blood coagulation. One common manifestation of this condition is frequent or prolonged nosebleeds, as the blood vessels in the nasal lining can bleed easily due to inadequate clotting ability. This question directly relates to a symptom that is frequently reported by individuals with von Willebrand's disease, making it a key part of the assessment. By understanding the patient's experience with nosebleeds, the nurse can get a better sense of the severity of the condition and its impact on the patient's life. This information is critical for effective management and treatment planning.

**10. Which statement reflects an understanding of hydration needs in pediatric care?**

- A. "Children with dehydration can drink any amount of fluids."
- B. "Monitoring weight is not necessary for hydration assessment."
- C. "Urine output is a vital sign of dehydration status."**
- D. "Dehydrated children should always be given solid food immediately."

The statement that urine output is a vital sign of dehydration status is correct because urine output serves as a direct indicator of a child's hydration level. When a child is dehydrated, the body conserves water, leading to reduced urine production. This relationship allows healthcare providers to assess hydration status by monitoring the frequency and volume of urination. In pediatric care, maintaining proper hydration is crucial due to children's increased vulnerability to the effects of dehydration. Assessing hydration is typically performed by evaluating clinical signs and symptoms alongside physiological metrics, including urine output. A decline in urine output can be an early sign of dehydration, making it a critical parameter to observe during assessments. In contrast, the other statements do not accurately reflect the principles of hydration management in children. Children cannot just drink any amount of fluids if they are dehydrated; the type and balance of fluids are essential for rehydration. Monitoring weight is an important component of hydration assessment, as fluctuations can indicate changes in fluid status. Additionally, while nutrition is important, giving solid food immediately to dehydrated children is generally not recommended until rehydration is adequately addressed.

## 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://focusonchildhealth.examzify.com>**

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

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