

FOCUS ON CHILD HEALTH PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://focusonchildhealth.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	16

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. Following myringotomy, what should the nurse advise the mother regarding drainage from the child's ears?**
 - A. Contact the surgeon immediately for any drainage.
 - B. Normal drainage should be monitored for a few days.
 - C. Heavy bleeding is expected in the first few days.
 - D. Irrigation of the ears is encouraged for cleanliness.
- 2. How many milliliters of amoxicillin should be administered to a child after calculating the dose?**
 - A. 5 mL
 - B. 2.4 mL
 - C. 1.5 mL
 - D. 3.5 mL
- 3. What is the significance of the Apgar score?**
 - A. It determines the appropriate feeding plan for infants
 - B. It assesses a newborn's physical condition at birth
 - C. It evaluates the risk of congenital disabilities
 - D. It measures infant growth over the first year
- 4. Which discharge instruction should be given to parents after their child's cardiac catheterization?**
 - A. Avoid bathing for the first week
 - B. Allow contact sports immediately
 - C. Increase physical activity within 24 hours
 - D. Encourage hot baths for comfort
- 5. What does the AAP recommend regarding screen time for children under 2 years old?**
 - A. No screen time except for video chatting
 - B. Less than one hour of screen time
 - C. Unlimited educational content
 - D. Only supervised television viewing

- 6. Which clinical finding supports the diagnosis of congenital diaphragmatic hernia (CDH) in an infant?**
- A. Auscultation of cardiac sounds on the right side of the chest
 - B. Diminished breath sounds on the affected side
 - C. Presence of bowel sounds over the abdomen
 - D. Observation of abdominal distension
- 7. If an immunocompromised child has been exposed to varicella, what immediate action should be taken?**
- A. Observe for chickenpox symptoms
 - B. Administer varicella zoster immune globulin
 - C. Place the child in respiratory isolation
 - D. Provide a dose of the varicella vaccine
- 8. How is allergic rhinitis commonly treated in children?**
- A. Surgical intervention
 - B. Antihistamines and avoidance of allergens
 - C. Increased outdoor exposure
 - D. Long-term antibiotics
- 9. What information should a nurse provide to parents after their child has heart surgery?**
- A. Encourage the child to engage in outdoor play
 - B. Contact the healthcare provider if appetite decreases
 - C. Allow the use of creams on the incision site
 - D. Limit all physical activity for two weeks
- 10. What is a common treatment for Osgood-Schlatter disease?**
- A. Application of ice to the affected area
 - B. Antibiotic therapy to treat infection
 - C. Increased participation in sports activities
 - D. Surgery to correct knee alignment

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Following myringotomy, what should the nurse advise the mother regarding drainage from the child's ears?

- A. Contact the surgeon immediately for any drainage.
- B. Normal drainage should be monitored for a few days.**
- C. Heavy bleeding is expected in the first few days.
- D. Irrigation of the ears is encouraged for cleanliness.

The recommendation to monitor for normal drainage for a few days after a myringotomy is grounded in a clear understanding of the procedure and expected postoperative care. Myringotomy involves creating an incision in the eardrum to relieve pressure or drain fluid; this often leads to some drainage as part of the healing process. Normal drainage can include fluid that is clear or slightly bloody and should gradually decrease as the ear heals. Advising the mother to monitor this drainage helps to provide reassurance, as some level of drainage is anticipated and generally not a cause for alarm. It empowers her to be attentive to changes and understand what is typical in the recovery phase. By encouraging monitoring of normal drainage rather than immediate concern or panic, the nurse supports a calm recovery environment for both the child and the parent. If drainage becomes excessive, foul-smelling, or accompanied by other concerning symptoms, it's essential to seek further medical advice. Thus, this answer provides practical guidance for what the mother can expect in the days following the procedure.

2. How many milliliters of amoxicillin should be administered to a child after calculating the dose?

- A. 5 mL
- B. 2.4 mL**
- C. 1.5 mL
- D. 3.5 mL

To determine the correct volume of amoxicillin to administer, it is essential to first calculate the appropriate dosage based on the child's weight, the concentration of the medication, and the recommended dosage guidelines for amoxicillin in pediatric patients. For many indications, the general dose for amoxicillin in children is typically based on weight, often given as milligrams per kilogram (mg/kg). After calculating the dosage required for the child in question, converting that dose from milligrams to milliliters requires knowing the concentration of the amoxicillin solution (for example, 125 mg/5 mL or 250 mg/5 mL). Once the appropriate volume is calculated using the previously mentioned factors, arriving at the volume of 2.4 mL reflects the exact needed amount for effective treatment, ensuring it is both safe and effective for the child's weight and health condition. Administering the bypassed or incorrect amounts could either lead to under-treatment or potential toxicity, thus emphasizing the importance of accurate calculations in pediatric dosing.

3. What is the significance of the Apgar score?

- A. It determines the appropriate feeding plan for infants
- B. It assesses a newborn's physical condition at birth**
- C. It evaluates the risk of congenital disabilities
- D. It measures infant growth over the first year

The Apgar score is a crucial tool used to quickly assess the physical condition of a newborn immediately after birth. It evaluates five parameters: appearance (skin color), pulse (heart rate), grimace response (reflexes), activity (muscle tone), and respiration (breathing effort). Each parameter is scored from 0 to 2, with a maximum total score of 10. This scoring system provides a rapid evaluation of the newborn's health and helps healthcare providers determine if immediate medical intervention is necessary. By assessing the newborn's physical condition, the Apgar score helps identify issues such as respiratory distress or poor circulation that may require prompt attention. This score is typically measured at one minute and five minutes after birth, providing insights into how well the newborn is adapting to life outside the womb. In contrast, other options such as determining feeding plans, evaluating congenital disabilities, or measuring growth over the first year are not related to the immediate assessment carried out by the Apgar score. Feeding plans may be developed later based on further assessments of the infant's health and nutritional needs, while congenital disabilities typically require more comprehensive screening methods and growth assessments are conducted over time to monitor overall development.

4. Which discharge instruction should be given to parents after their child's cardiac catheterization?

- A. Avoid bathing for the first week**
- B. Allow contact sports immediately
- C. Increase physical activity within 24 hours
- D. Encourage hot baths for comfort

After a child's cardiac catheterization, it is essential to give discharge instructions that prioritize the child's recovery and prevent complications. Advising parents to avoid bathing for the first week is correct because it helps minimize the risk of infection at the catheterization site. The insertion site, which is often on a vein in the groin or arm, needs time to heal properly, and exposure to water can increase the chances of introducing bacteria. In addition, the healing process can be sensitive, and submerging the site in water can lead to irritation or even an unintended dislodgement of any clots that may have formed. Therefore, keeping the site clean and dry is critical during this initial recovery period. Other options, such as allowing immediate participation in contact sports or increasing physical activity shortly after the procedure, overlook the need for careful monitoring and gradual resumption of activity. Likewise, encouraging hot baths is not advised as heat can lead to increased blood flow to the area, potentially causing complications.

5. What does the AAP recommend regarding screen time for children under 2 years old?

- A. No screen time except for video chatting**
- B. Less than one hour of screen time
- C. Unlimited educational content
- D. Only supervised television viewing

The American Academy of Pediatrics (AAP) provides clear guidelines regarding screen time for children under 2 years old, emphasizing the importance of minimizing exposure to screens during these formative years. The recommendation to allow no screen time except for video chatting acknowledges the need for face-to-face interaction and meaningful communication, which are vital for the social and emotional development of young children. This guideline reflects an understanding that early childhood is a critical period for brain development, and excessive screen time can inhibit opportunities for exploration, play, and connecting with caregivers. By limiting screen time, the AAP encourages parents to engage in direct, interactive play and communication, fostering healthy social skills and cognitive development in young children.

6. Which clinical finding supports the diagnosis of congenital diaphragmatic hernia (CDH) in an infant?

- A. Auscultation of cardiac sounds on the right side of the chest**
- B. Diminished breath sounds on the affected side
- C. Presence of bowel sounds over the abdomen
- D. Observation of abdominal distension

The clinical finding that most strongly supports the diagnosis of congenital diaphragmatic hernia (CDH) in an infant is the auscultation of bowel sounds over the chest cavity. In CDH, the diaphragm fails to fully develop, allowing abdominal organs, such as the stomach and intestines, to move into the thoracic cavity. This displacement can lead to auscultation of bowel sounds in the chest region, which is an unusual finding and indicative of the condition. Diminished breath sounds on the affected side can occur as well since lung development may be impaired due to space limitations from the herniated organs. However, it is the abnormal sounds of bowel in the thoracic cavity that more definitively indicate the presence of CDH. The presence of bowel sounds over the abdomen alone does not suggest a hernia; rather, it is the location of those sounds that highlights the abnormal positioning of gastrointestinal organs. Abdominal distension can accompany various conditions affecting the infant, but it is not specific to CDH.

7. If an immunocompromised child has been exposed to varicella, what immediate action should be taken?

- A. Observe for chickenpox symptoms
- B. Administer varicella zoster immune globulin**
- C. Place the child in respiratory isolation
- D. Provide a dose of the varicella vaccine

In the case of an immunocompromised child exposed to varicella (chickenpox), the most appropriate and immediate action is to administer varicella zoster immune globulin (VZIG). This is crucial because immunocompromised individuals lack the ability to mount an adequate immune response to infections, which makes them particularly vulnerable to complications from diseases like varicella. VZIG contains antibodies against the varicella-zoster virus and can help prevent or lessen the severity of chickenpox in those who have been recently exposed, particularly in children who may not be able to receive the live attenuated vaccine due to their compromised immune status. This prophylactic measure is essential to mitigate the risk of developing severe infection and associated complications. Monitoring for symptoms, placing the child in isolation, or administering the varicella vaccine would not provide the immediate protection required in this context. The vaccine, being a live attenuated vaccine, is generally contraindicated for immunocompromised children, and merely observing them does not provide any protective benefit against the virus.

8. How is allergic rhinitis commonly treated in children?

- A. Surgical intervention
- B. Antihistamines and avoidance of allergens**
- C. Increased outdoor exposure
- D. Long-term antibiotics

Allergic rhinitis in children is commonly treated with antihistamines and avoidance of allergens, making this the correct answer. Antihistamines are effective in alleviating symptoms such as sneezing, itching, runny nose, and nasal congestion caused by allergies. They work by blocking the action of histamine, a substance in the body that contributes to allergic symptoms. Avoidance of allergens is equally crucial in managing allergic rhinitis. Identifying and reducing exposure to triggers, such as pollen, mold, pet dander, or dust mites, can significantly improve a child's symptoms and quality of life. This dual approach of medication and environmental control helps to minimize the frequency and severity of allergic reactions. Other treatment options like surgical intervention are typically reserved for more severe cases or when there are anatomical issues, such as nasal polyps or significant nasal obstruction, that do not respond to medical management. Increased outdoor exposure does not typically help and may worsen symptoms during peak pollen seasons. Long-term antibiotic use is not applicable, as allergic rhinitis is not caused by bacterial infection, meaning that antibiotics would not address the underlying issue. Therefore, the most effective and commonly recommended treatment strategy solely involves the use of antihistamines in conjunction with measures to avoid allergens.

9. What information should a nurse provide to parents after their child has heart surgery?

- A. Encourage the child to engage in outdoor play
- B. Contact the healthcare provider if appetite decreases**
- C. Allow the use of creams on the incision site
- D. Limit all physical activity for two weeks

After a child has undergone heart surgery, it's essential for parents to be vigilant about their child's recovery and overall well-being. One important aspect of this is monitoring the child's appetite. If there is a decrease in appetite, it could indicate complications or an adverse reaction to medications, which may require immediate attention from a healthcare provider. Therefore, advising parents to contact the healthcare provider if their child's appetite decreases helps ensure that any potential issues are addressed promptly. The other options do not provide appropriate guidance for post-operative care. Encouraging outdoor play is generally not advisable immediately after heart surgery due to the need for limited physical exertion during the healing process. The recommendation regarding creams on the incision site is inappropriate, as using topical products could interfere with healing or increase the risk of infection. Finally, while some limitations on physical activity are necessary, suggesting a strict two-week limit may not be suitable for all children, as recovery can vary significantly based on individual circumstances and their specific surgical procedure.

10. What is a common treatment for Osgood-Schlatter disease?

- A. Application of ice to the affected area**
- B. Antibiotic therapy to treat infection
- C. Increased participation in sports activities
- D. Surgery to correct knee alignment

Application of ice to the affected area is a common treatment for Osgood-Schlatter disease, which is a condition that causes pain and inflammation at the growth plate of the tibia, just below the knee. Ice application helps to reduce swelling and alleviate pain, making it an effective method for managing the symptoms associated with this condition. In addition to cryotherapy, treatment typically involves rest and reducing activities that exacerbate the pain, alongside other supportive measures such as physical therapy and over-the-counter pain relief when necessary. These approaches aim to minimize discomfort while allowing the condition to resolve naturally as the child matures and growth plates close. Utilizing ice is particularly important in the management of conditions involving inflammation and pain, as it directly addresses these issues without the complications associated with invasive interventions or prolonged inactivity. Other treatment options usually emphasize conservative management rather than aggressive measures like surgery or medication for infections.

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://focusonchildhealth.examzify.com>

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

SAMPLE