

HESI Maternity/Pediatric Remediation Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of questions,

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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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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!

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Questions

- 1. What is a common reason for an adolescent to be upset after a femur fracture surgery involving a rod insertion?**
 - A. The need to navigate in a wheelchair**
 - B. The perception that the rod is a body intrusion**
 - C. Inability to participate in sports for several years**
 - D. The necessity of medication for pain relief until the bone heals**
- 2. At what age should a child typically be able to say a few words?**
 - A. 6 months**
 - B. 9 months**
 - C. 12 months**
 - D. 18 months**
- 3. In what scenario would the administration of Rho (D) immune globulin (RhoGAM) be indicated for a postpartum client?**
 - A. Mother AB positive and infant A negative**
 - B. Mother O negative and infant O positive**
 - C. Mother A positive and infant B negative**
 - D. Mother B positive and infant O positive**
- 4. Which vaccination is first given to infants at 2 months of age?**
 - A. Measles, Mumps, and Rubella (MMR)**
 - B. Diphtheria, Tetanus, and Pertussis (DTaP)**
 - C. Pneumococcal conjugate vaccine (PCV)**
 - D. Hepatitis A**
- 5. At what age do children commonly start combining words into short sentences?**
 - A. 12 months**
 - B. 18 months**
 - C. 2 years**
 - D. 3 years**

- 6. In what scenario is misoprostol used in pregnant clients?**
- A. Induction of labor**
 - B. Management of postpartum hemorrhage**
 - C. Cervical dilation for surgery**
 - D. Relief of nausea during pregnancy**
- 7. What is the leading cause of infant mortality in the United States?**
- A. Infections**
 - B. Accidents**
 - C. Congenital anomalies**
 - D. Respiratory distress**
- 8. What developmental milestone indicates readiness for kindergarten?**
- A. Ability to read simple words**
 - B. Ability to follow multi-step directions**
 - C. Ability to write full sentences**
 - D. Ability to recognize most letters**
- 9. A toddler in the pediatric unit shows symptoms of fever and cough. Which precautions should the nurse implement while awaiting test results?**
- A. Contact precautions**
 - B. Airborne precautions**
 - C. Droplet precautions**
 - D. Neutropenic precautions**
- 10. What is the typical duration of postpartum recovery for a vaginal delivery?**
- A. 4 to 6 weeks**
 - B. 6 to 8 weeks**
 - C. 8 to 10 weeks**
 - D. 10 to 12 weeks**

Answers

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

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Explanations

1. What is a common reason for an adolescent to be upset after a femur fracture surgery involving a rod insertion?

- A. The need to navigate in a wheelchair**
- B. The perception that the rod is a body intrusion**
- C. Inability to participate in sports for several years**
- D. The necessity of medication for pain relief until the bone heals**

The perception that the rod is a body intrusion is a significant reason for an adolescent to feel upset following femur fracture surgery involving rod insertion. Adolescents are at a developmental stage where they are acutely aware of their body image and personal identity. The introduction of an internal device can lead to feelings of alienation or discomfort with their own body, especially when they see themselves as distinct from their peers. This bodily autonomy is critical during adolescence, and the presence of a rod may evoke feelings of vulnerability or concern about how it affects their self-image and social interactions. Concerns about internal devices can also lead to anxiety over potential pain, complications, or even a sense of loss of control over their own body. These feelings can be more pronounced in adolescents compared to adults, making this perception a common and potent source of upset after such a surgical intervention.

2. At what age should a child typically be able to say a few words?

- A. 6 months**
- B. 9 months**
- C. 12 months**
- D. 18 months**

A child typically begins to say a few words around the age of 12 months. This developmental milestone is part of the communication and language skills that evolve as children grow. At this age, most children can use simple words like "mama" or "dada," and they start to understand and respond to simple verbal commands as well. This is a critical phase where children are not only learning to express their needs but also developing their cognitive skills associated with language comprehension. Prior to 12 months, children may coo, babble, and make various sounds, but the production of specific words usually emerges around this time, highlighting a milestone in their overall development. By 18 months, many children expand their vocabulary to several words and may even start to combine them into simple phrases.

3. In what scenario would the administration of Rho (D) immune globulin (RhoGAM) be indicated for a postpartum client?

A. Mother AB positive and infant A negative

B. Mother O negative and infant O positive

C. Mother A positive and infant B negative

D. Mother B positive and infant O positive

The administration of Rho (D) immune globulin, commonly known as RhoGAM, is indicated in situations involving Rh incompatibility between a Rh-negative mother and an Rh-positive infant. The purpose of RhoGAM is to prevent the mother from developing antibodies against Rh-positive blood, which can occur during childbirth if the infant's blood enters the maternal circulation. In the scenario where the mother is O negative and the infant is O positive, RhoGAM is warranted. This is because the mother's Rh-negative status means she is at risk of forming antibodies against the Rh factor present in the baby's positive blood type. If the mother does produce these antibodies, future pregnancies with Rh-positive infants could lead to hemolytic disease of the newborn, a potentially serious condition. This administration is typically effective when given within 72 hours postpartum, and it is critical for the well-being of both the mother and any future pregnancies. It's important to monitor the mother's blood type and the infant's blood type as part of post-delivery care to ensure appropriate interventions like RhoGAM are provided when necessary.

4. Which vaccination is first given to infants at 2 months of age?

A. Measles, Mumps, and Rubella (MMR)

B. Diphtheria, Tetanus, and Pertussis (DTaP)

C. Pneumococcal conjugate vaccine (PCV)

D. Hepatitis A

The Diphtheria, Tetanus, and Pertussis (DTaP) vaccine is typically administered to infants beginning at 2 months of age. This vaccination protects against three serious diseases: diphtheria, which can cause severe throat infections; tetanus, which affects the nervous system and can result from contaminated wounds; and pertussis, commonly known as whooping cough, which is highly contagious and can lead to severe respiratory issues in infants. The DTaP vaccine is a crucial part of the childhood immunization schedule recommended by health authorities to ensure early protection during the vulnerable early months of life. Vaccinating at this age helps to establish immunity before infants are exposed to these potentially severe diseases. In contrast, the Measles, Mumps, and Rubella (MMR) vaccine is administered later, generally between 12-15 months of age. The Pneumococcal conjugate vaccine (PCV) is also given, but it is typically administered alongside DTaP, with the first dose at 2 months, making it less distinct as the singular first vaccine. Lastly, the Hepatitis A vaccine is usually given starting at 12 months. Therefore, the DTaP is the first vaccination given

5. At what age do children commonly start combining words into short sentences?

- A. 12 months**
- B. 18 months**
- C. 2 years**
- D. 3 years**

Children commonly start combining words into short sentences around the age of 2 years. By this age, most children have developed a vocabulary that enables them to string together two or more words to express simple ideas or actions, such as “want cookie” or “go play.” This stage marks a significant development in language skills and reflects their growing ability to communicate needs and thoughts. At around 12 months, children are typically beginning to say single words and often engage in vocal play, but they have not yet combined words into sentences. By 18 months, many may have a vocabulary of 10 to 25 words, but they generally have not yet started forming two-word phrases consistently. By the age of 3 years, children expand their language further, using more complex sentences and grammatical structures. Therefore, the age of 2 years is the most accurate point at which children begin to combine words into short sentences.

6. In what scenario is misoprostol used in pregnant clients?

- A. Induction of labor**
- B. Management of postpartum hemorrhage**
- C. Cervical dilation for surgery**
- D. Relief of nausea during pregnancy**

Misoprostol is used in pregnant clients primarily for the induction of labor. This medication is a prostaglandin E1 analog that can stimulate uterine contractions and help to ripen the cervix, making it more favorable for delivery. Its role in labor induction is particularly important when there is a medical need to initiate labor, such as in cases of preeclampsia, fetal distress, or when the pregnancy goes past term. While misoprostol does have other uses in obstetrics, such as managing postpartum hemorrhage by promoting uterine contraction and reducing blood loss, induction of labor remains one of its most recognized and widely practiced indications in pregnancy. The medication is also used for cervical dilation prior to surgical procedures; however, this is not as common as its use in labor induction. It is not indicated for relief of nausea during pregnancy, making this use unsupported in clinical practice.

7. What is the leading cause of infant mortality in the United States?

- A. Infections**
- B. Accidents**
- C. Congenital anomalies**
- D. Respiratory distress**

Congenital anomalies are indeed the leading cause of infant mortality in the United States. These anomalies, which encompass various structural and functional abnormalities present at birth, can significantly impact an infant's health and likelihood of survival. They may include conditions such as heart defects, spina bifida, or chromosomal abnormalities, among others. These congenital issues often lead to complications either immediately after birth or later in life, contributing to increased mortality rates. Infections, accidents, and respiratory distress, while serious and notable concerns in newborns and infants, do not account for as large a proportion of mortality as congenital anomalies do. Infections can lead to critical health threats, but advancements in prenatal care and immunizations have helped reduce these cases significantly. Accidents typically pertain to older infants and children, while respiratory distress, though a critical condition, can often be managed effectively with medical care. Thus, congenital anomalies stand out as a significant challenge in maternal and child health, leading to higher mortality rates among infants in the country.

8. What developmental milestone indicates readiness for kindergarten?

- A. Ability to read simple words**
- B. Ability to follow multi-step directions**
- C. Ability to write full sentences**
- D. Ability to recognize most letters**

The ability to follow multi-step directions is a crucial developmental milestone that indicates readiness for kindergarten. This skill reflects not only cognitive development but also the child's capacity to listen, process information, and act on it, which are essential for classroom learning. In a kindergarten setting, children are frequently required to follow directions for various activities that may involve multiple steps, such as art projects, group tasks, or even routines. Successfully managing multi-step directions demonstrates an understanding of language and organization, which supports a child's ability to engage with peers and teachers effectively. While recognizing letters, reading simple words, and writing full sentences are important skills, being able to comprehend and execute instructions is foundational for navigating the social and academic environment of kindergarten.

9. A toddler in the pediatric unit shows symptoms of fever and cough. Which precautions should the nurse implement while awaiting test results?

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

For a toddler presenting with symptoms such as fever and cough, implementing droplet precautions is the most appropriate course of action while awaiting test results. Droplet precautions are essential in preventing the transmission of infections that can be spread through respiratory droplets when a person coughs, sneezes, or talks. In this context, the symptoms exhibited by the toddler suggest the possibility of a respiratory infection, which is often associated with pathogens that are transmitted via droplets. By using droplet precautions, healthcare providers can minimize the risk of spreading infectious agents to others in the vicinity, such as other patients and staff. Contact precautions are designed for infections spread through direct contact; airborne precautions are for diseases that remain suspended in the air over distances; and neutropenic precautions are specific to protecting immunocompromised patients from infections. Since the toddler's primary symptoms are respiratory in nature, droplet precautions are the targeted approach to safeguard everyone while the definitive cause of the symptoms is still being determined.

10. What is the typical duration of postpartum recovery for a vaginal delivery?

- A. 4 to 6 weeks**
- B. 6 to 8 weeks**
- C. 8 to 10 weeks**
- D. 10 to 12 weeks**

The typical duration of postpartum recovery for a vaginal delivery is considered to be about 6 to 8 weeks. This period allows for significant physical healing as the body undergoes various changes after childbirth. During this time, the uterus returns to its pre-pregnancy size, any lacerations or episiotomies heal, and hormonal levels gradually stabilize. Additionally, this timeframe encompasses important maternal physical and emotional adjustment, including the possible onset of postpartum mood disorders. A recovery duration of 4 to 6 weeks may not fully account for the healing process required after childbirth, while options suggesting longer recovery times, such as 8 to 10 weeks or 10 to 12 weeks, go beyond what is commonly expected for a vaginal delivery in a healthy, uncomplicated situation. While some individual circumstances may necessitate a longer recovery, the general consensus aligns with the 6 to 8 week timeframe for most women postpartum following a vaginal delivery.

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://hesimaternitypediaremediation.examzify.com>

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