

HESI Maternity/Pediatric Remediation Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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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

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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. Which cognitive development milestone is characteristic of a 4-year-old?**
 - A. Inductive reasoning**
 - B. Concrete operational thoughts**
 - C. Intuitive thought**
 - D. Conservation**
- 2. Which nursing care plan is appropriate for an infant with heart failure?**
 - A. Increase the infant's fluid intake**
 - B. Position the infant flat on their back**
 - C. Offer the infant small, frequent feedings**
 - D. Measure the infant's head circumference**
- 3. At what age does separation anxiety typically begin in children?**
 - A. 3-4 months**
 - B. 6-8 months**
 - C. 12-15 months**
 - D. 2-3 years**
- 4. What symptom is not typically associated with cystic fibrosis in young children?**
 - A. Pulmonary obstruction**
 - B. Dyspnea**
 - C. Increased appetite**
 - D. Malnutrition due to poor absorption**
- 5. What is a primary indicator for immediate medical intervention in a pediatric patient?**
 - A. High fever**
 - B. Unconsciousness**
 - C. Coughing**
 - D. Skin rash**

6. What is the primary purpose of folic acid supplementation during pregnancy?

- A. To improve maternal energy levels**
- B. To decrease morning sickness**
- C. To prevent neural tube defects**
- D. To enhance fetal growth**

7. What is the appropriate method for assessing hydration status in children?

- A. Check body temperature**
- B. Monitor urine output**
- C. Monitor for skin turgor and mucous membranes**
- D. Assess weight daily**

8. What is an important consideration in caring for a child with diabetes?

- A. Limiting all sugar intake**
- B. Encouraging constant exercise**
- C. Understanding meal planning and insulin administration**
- D. Avoiding all carbohydrates**

9. Which reflex is tested when the lateral aspect of the foot is stroked?

- A. Patellar reflex**
- B. Babinski reflex**
- C. Withdrawal reflex**
- D. Grasp reflex**

10. Which reflex should be present in a newborn and indicates neurological health?

- A. Rooting reflex**
- B. Moro reflex**
- C. Tonic neck reflex**
- D. Babinski reflex**

Answers

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

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Explanations

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1. Which cognitive development milestone is characteristic of a 4-year-old?

- A. Inductive reasoning**
- B. Concrete operational thoughts**
- C. Intuitive thought**
- D. Conservation**

A 4-year-old typically demonstrates intuitive thought, which is characterized by their ability to think and reason in a more imaginative and creative manner, primarily relying on their own experiences. At this age, children are beginning to engage in symbolic play and can understand concepts through intuition rather than logic, though their reasoning is still not fully developed. Intuitive thinking allows them to ask "why" and "how" regarding the world around them, reflecting their growing curiosity and desire to understand their experiences. While they might not yet grasp more complex cognitive concepts such as conservation (the understanding that certain properties remain constant despite changes in form or appearance, which develops later), their ability to express their thoughts about things they can see, hear, or feel characterizes their cognitive development stage. Inductive reasoning is typically more advanced and develops further in later childhood, while concrete operational thought signifies a stage of cognitive maturity that is more evident in children aged 7 to 11. Conservation, as a concept, usually emerges with concrete operational thinking, further indicating that the choice highlighting intuitive thought aligns with the developmental milestones appropriate for a 4-year-old.

2. Which nursing care plan is appropriate for an infant with heart failure?

- A. Increase the infant's fluid intake**
- B. Position the infant flat on their back**
- C. Offer the infant small, frequent feedings**
- D. Measure the infant's head circumference**

Offering the infant small, frequent feedings is appropriate for an infant with heart failure due to several reasons. Infants with heart failure often experience difficulty feeding because they may tire easily and become breathless during feeding sessions. By providing smaller, more frequent feedings, you can help ensure that the infant receives adequate nutrition without overwhelming their cardiac function. This approach reduces the risk of fatigue and respiratory distress during meals, as it allows the infant to consume smaller amounts at a time, which is less physically demanding. Furthermore, feeding in smaller volumes can help minimize the risk of overloading the heart, which is crucial since heart failure pertains to the inability of the heart to pump effectively. The smaller feedings also help to maintain more consistent energy and hydration levels throughout the day without causing excessive fluid retention, which is often a concern in heart failure. In contrast, increasing the infant's fluid intake is not advisable, as it can exacerbate fluid overload, further stressing the heart. Positioning the infant flat on their back can lead to increased respiratory effort, especially if the infant has fluid accumulation in the lungs. Measuring the infant's head circumference, while important in assessing growth and development, does not directly address the immediate needs of managing heart failure in this context. Therefore,

3. At what age does separation anxiety typically begin in children?

- A. 3-4 months
- B. 6-8 months**
- C. 12-15 months
- D. 2-3 years

Separation anxiety typically begins in children around 6 to 8 months of age. During this developmental stage, infants start to recognize the difference between familiar caregivers and strangers, leading to feelings of distress when separated from their primary attachment figure. This emotional response is a normal part of development, indicating that the child is forming strong bonds and recognizing patterns of attachment. Around this age, children may cry, cling, or exhibit distress when a caregiver leaves the room. These behaviors reflect the child's growing understanding of object permanence — the awareness that an object (or person) continues to exist even when it cannot be seen. Such behaviors are usually temporary but can vary in intensity and duration among individual children. In contrast, separation anxiety seen at 3-4 months is generally not as pronounced, as infants at this age primarily seek comfort and may not yet understand separation fully. The period of 12-15 months often sees more advanced developmental changes, including increased mobility and independence, which can modify how separation anxiety is expressed. By the ages of 2-3 years, many children are more accustomed to separations and have developed coping mechanisms, although some may still experience anxiety in new situations or with unknown caregivers.

4. What symptom is not typically associated with cystic fibrosis in young children?

- A. Pulmonary obstruction
- B. Dyspnea
- C. Increased appetite**
- D. Malnutrition due to poor absorption

In cystic fibrosis, children often experience symptoms related to respiratory and gastrointestinal issues due to thick, sticky mucus that affects various organ systems. Pulmonary obstruction occurs as mucus clogs the airways, leading to difficulty breathing, infections, and inflammation. Dyspnea, or shortness of breath, is also common as the condition progresses and lung function declines. Malnutrition due to poor absorption is a significant concern in cystic fibrosis because the thick mucus can obstruct the pancreas, reducing the production of digestive enzymes needed for nutrient absorption. This results in malabsorption, causing children to struggle with weight gain and growth despite potentially having a good appetite. In contrast, having an increased appetite is not a typical symptom associated with cystic fibrosis. While children may eat well, their bodies are often unable to effectively absorb the nutrients from the food due to the complications of the disease. Thus, the idea that an increased appetite is a symptom reflects a misunderstanding of the impact of cystic fibrosis on growth and nutrition, making it the correct answer as the symptom not typically associated with the condition.

5. What is a primary indicator for immediate medical intervention in a pediatric patient?

- A. High fever**
- B. Unconsciousness**
- C. Coughing**
- D. Skin rash**

Unconsciousness in a pediatric patient is a critical sign that requires immediate medical intervention. This condition indicates a possible severe underlying issue, such as a traumatic brain injury, seizure, severe dehydration, or an acute metabolic disorder, all of which can pose life-threatening risks if not addressed promptly. Unconsciousness signifies a significant alteration in consciousness, suggesting that the child's brain is not functioning properly, which requires urgent assessment and intervention to support the patient's safety and health. High fever, while potentially concerning, does not always necessitate immediate action unless it is excessively high or accompanied by other severe symptoms. Coughing may indicate respiratory issues but is not inherently an emergency unless associated with distress or respiratory failure. A skin rash can signify a range of conditions but often does not demand immediate intervention unless there are other alarming signs, such as difficulty breathing or signs of anaphylaxis. Thus, while all these symptoms warrant evaluation, unconsciousness is the most critical indicator for immediate medical assistance.

6. What is the primary purpose of folic acid supplementation during pregnancy?

- A. To improve maternal energy levels**
- B. To decrease morning sickness**
- C. To prevent neural tube defects**
- D. To enhance fetal growth**

The primary purpose of folic acid supplementation during pregnancy is to prevent neural tube defects. Folic acid, a B-vitamin, plays a critical role in the growth and development of the neural tube, which eventually develops into the baby's brain and spinal cord. Adequate intake of folic acid before conception and during early pregnancy significantly reduces the risk of these defects, such as spina bifida and anencephaly. Folic acid is particularly important in the first few weeks of pregnancy, often before many women even realize they are pregnant, which is why it is recommended that women who are trying to conceive or are in early pregnancy take a daily supplement. The other options, while they may have some relevance in pregnancy, do not encompass the primary function of folic acid. Improving maternal energy levels, decreasing morning sickness, and enhancing fetal growth are outcomes that can be influenced by a well-rounded diet and proper prenatal care, but they do not capture the essential role of folic acid in preventing specific birth defects.

7. What is the appropriate method for assessing hydration status in children?

- A. Check body temperature**
- B. Monitor urine output**
- C. Monitor for skin turgor and mucous membranes**
- D. Assess weight daily**

Monitoring for skin turgor and examining mucous membranes are effective methods for assessing hydration status in children. Skin turgor refers to the elasticity of the skin, which can indicate fluid loss; when a child is dehydrated, their skin may remain tented rather than quickly returning to its normal position when pinched. Additionally, mucous membranes, such as those in the mouth or around the eyes, can provide insight into hydration levels. Dry or sticky mucous membranes are commonly associated with dehydration, making these assessments reliable indicators of a child's hydration status. While other options provide additional information that can be useful in a broader assessment of a child's health, they do not focus as specifically on hydration. For instance, monitoring urine output can indicate hydration levels but does not directly assess current physical signs of dehydration. Daily weight assessments can track changes in fluid status over time, but may not offer immediate insight into hydration. Checking body temperature, although important in many contexts, does not directly relate to hydration status. Therefore, examining skin turgor and mucous membranes is the most direct and immediate method for assessing hydration in children.

8. What is an important consideration in caring for a child with diabetes?

- A. Limiting all sugar intake**
- B. Encouraging constant exercise**
- C. Understanding meal planning and insulin administration**
- D. Avoiding all carbohydrates**

Understanding meal planning and insulin administration is crucial when caring for a child with diabetes. Proper meal planning helps ensure that the child receives balanced nutrition while managing blood glucose levels effectively. This process involves knowing how different foods, especially carbohydrates, affect blood sugar and how insulin is administered to counteract these effects. Meal planning allows for flexibility in a child's diet while still maintaining control over blood glucose levels. It involves not just the selection of foods but also timing meals and snacks to align with insulin administration and activity levels, which helps prevent hyperglycemia (high blood sugar) or hypoglycemia (low blood sugar). Additionally, recognizing the importance of carbohydrate counting can help caregivers and children understand how to make informed food choices, enabling better management of diabetes. This knowledge supports overall health and growth while minimizing the risk of long-term complications associated with diabetes. In contrast, limiting all sugar intake, encouraging constant exercise, and avoiding all carbohydrates are not practical approaches for a child with diabetes. Such methods may lead to nutritional deficiencies, an unhealthy relationship with food, and may not adequately meet the child's energy and growth requirements. Thus, a comprehensive understanding of meal planning and insulin administration is the most important consideration.

9. Which reflex is tested when the lateral aspect of the foot is stroked?

- A. Patellar reflex**
- B. Babinski reflex**
- C. Withdrawal reflex**
- D. Grasp reflex**

The reflex that is tested when the lateral aspect of the foot is stroked is known as the Babinski reflex. This is a normal reflex that is often evaluated in infants to assess neurological function. When the sole of the foot is stroked, if the big toe extends upward and the other toes fan out, this indicates a positive Babinski response, which is expected in infants. In older children and adults, a normal response would be to curl the toes downward, and an upward response may signal potential neurological issues. The Babinski reflex is part of the assessment of the integrity of the nervous system, particularly the pathways in the upper motor neurons. The presence of the Babinski reflex in adults may indicate damage or dysfunction in the corticospinal tract. Other reflexes mentioned are tested in different contexts: the patellar reflex (knee-jerk) involves the rapid contraction of the quadriceps muscle when the patellar tendon is tapped, the withdrawal reflex is a protective reflex triggered by pain that causes withdrawal from a harmful stimulus, and the grasp reflex is a primitive reflex seen in infants where they instinctively grasp an object placed in their palm. While these reflexes are also important in neurological assessments, they are not related to the lateral stroking of

10. Which reflex should be present in a newborn and indicates neurological health?

- A. Rooting reflex**
- B. Moro reflex**
- C. Tonic neck reflex**
- D. Babinski reflex**

The Moro reflex, also known as the startle reflex, is an important indicator of neurological health in newborns. This reflex manifests when a baby feels a sudden jolt, often mimicking a feeling of falling. The baby will extend their arms and legs away from the body and then quickly bring them back in, often accompanied by crying. The presence of the Moro reflex indicates proper functioning of the brain and spinal cord, signaling that the central nervous system is developing normally. This reflex typically appears while the baby is in a supine position, and it generally disappears by around 5 to 6 months of age as the infant's nervous system matures. Its presence is crucial for assessing the neurological status of newborns, which is why it is often a focus during pediatric assessments. The other reflexes mentioned also provide neurological information but in different contexts and stages of development. The rooting reflex assists with feeding and typically fades by about 4 months; the tonic neck reflex indicates muscle tone and coordination but is less definitive for overall neurological health than the Moro reflex; the Babinski reflex, which involves the toes' reaction to stimulation of the foot's sole, is another sign of neurological function but primarily observed as a response to specific stimuli. Overall, the Moro

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!

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