HESI MATERNITY/ PEDIATRIC REMEDIATION PRACTICE TEST (SAMPLE)

STUDY GUIDE

Prepare with structure. Pass with confidence

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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

1. What condition is characterized by an excessive build-up of bilirubin in neonates?

A. Hypoglycemia

B. Hyperbilirubinemia

C. Dehydration

D. Anemia

2. What is the correct approach to medication dosing for pregnant clients?

A. The dose of medication should be increased for pregnant clients.

B. No medication should be administered to the pregnant client.

C. Medication dosages should not be altered for a pregnant client.

D. Medication dosage may need to be decreased for pregnant clients.

3. At what age should children start to speak in full sentences?

A. 2 years old

B. 3 years old

C. 4 years old

D. 5 years old

4. Which antidepressant medication is considered safe for a breastfeeding mother?

A. Fluoxetine

B. Paroxetine

C. Valproic acid

D. Methotrexate

5. Which medication is commonly used to prevent preterm labor in pregnant clients?

A. Oxytocin

B. Nifedipine

C. Raloxifene

D. Clomiphene

6. Which medication is known to cause limb shortening as a teratogenic effect if administered during pregnancy?

A. Phenytoin

B. Topiramate

C. Thalidomide

D. Carbamazepine

7. During feedings, how does the nurse's interaction with the infant contribute to better feeding outcomes?

A. It distracts the infant from discomfort.

B. It helps improve the rhythm of feeding.

C. It provides a social aspect that enhances bonding.

D. It minimizes the time taken for feedings.

8. 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

9. What should a nurse inform parents regarding injury prevention for preschool-aged children?

A. They are more prone to falls than toddlers.

B. They have poor gross motor skills leading to injury.

C. They are less likely to follow rules, increasing injury risk.

D. They are at risk for head injuries from riding a tricycle.

10. A newborn has developed jaundice and poor sucking. Which medication is likely responsible for this condition?

A. Tetracycline

B. Sulfonamide

C. Phenothiazine

D. Chloramphenicol

Answers

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

Explanations

1. What condition is characterized by an excessive build-up of bilirubin in neonates?

A. Hypoglycemia

B. Hyperbilirubinemia

C. Dehydration

D. Anemia

Hyperbilirubinemia is a condition that occurs when there is an excessive accumulation of bilirubin in the bloodstream, particularly in neonates. Bilirubin is a yellow substance produced during the normal breakdown of red blood cells. In newborns, their immature liver function can cause a temporary inability to process bilirubin efficiently, leading to its build-up and resulting in jaundice—a yellowing of the skin and eyes. This condition is particularly common in the first few days after birth, especially among premature infants or those with certain risk factors. Monitoring and managing hyperbilirubinemia is crucial because elevated bilirubin levels can lead to serious complications, including kernicterus, which is a type of brain damage. Treatment may involve phototherapy, where the infant is exposed to specific wavelengths of light that help break down bilirubin in the skin. Other options do not relate to bilirubin build-up in a newborn. For instance, hypoglycemia refers to low blood sugar levels, dehydration involves loss of body fluids, and anemia signifies a deficiency in red blood cells or hemoglobin. Thus, hyperbilirubinemia is the condition specifically associated with bilirubin accumulation in neonates.

2. What is the correct approach to medication dosing for pregnant clients?

A. The dose of medication should be increased for pregnant clients.

B. No medication should be administered to the pregnant client.

C. Medication dosages should not be altered for a pregnant client.

D. Medication dosage may need to be decreased for pregnant clients.

The approach to medication dosing for pregnant clients requires careful consideration of physiological changes that occur during pregnancy. During this period, a woman undergoes various changes, including increased blood volume, altered metabolism, and changes in organ function, such as increased renal clearance. These changes can affect how drugs are absorbed, distributed, metabolized, and excreted in the body. While the correct answer indicates that the medication dose should be increased, this is not always the case. There are specific instances where the dose may require adjustment based on the particular medication and the stage of pregnancy. Some medications indeed may require an increased dosage due to increased volume of distribution or enhanced clearance, which would necessitate monitoring and potential dosage adjustments by healthcare providers. This nuanced understanding is necessary because simply increasing medication for all pregnant clients without consideration of individual circumstances and specific medications could lead to adverse outcomes. Therefore, the approach to medication dosing in pregnant clients is typically more complex and should be tailored to the specific needs and health considerations of each patient, taking into account the potential risks and benefits of medication use during pregnancy.

3. At what age should children start to speak in full sentences?

A. 2 years old

B. 3 years old

C. 4 years old

D. 5 years old

Children typically begin to speak in full sentences around the age of 3 years old. At this stage of development, they have usually acquired a vocabulary of about 200 to 1,000 words and can combine words to form simple sentences. For instance, they might start using two- or three-word phrases to express their needs or thoughts, such as "want cookie" or "go outside." By age 3, children also start to grasp the basic structure of sentences, including the subject-verb-object order. This is a critical period where the foundation for more complex language skills is built, as their language abilities continue to develop rapidly. As they approach 4 years old, children's sentences become longer and contain more complex grammatical structures, but the milestone of speaking in full sentences is generally recognized at around age 3. Other options represent developmental milestones that are either earlier or later than the typical age for speaking in full sentences, which could lead to misunderstandings about language development timelines.

4. Which antidepressant medication is considered safe for a breastfeeding mother?

A. Fluoxetine

B. Paroxetine

C. Valproic acid

D. Methotrexate

Paroxetine is considered one of the safer choices for breastfeeding mothers. Research indicates that it has lower levels in breast milk compared to other antidepressants, meaning that the infant is exposed to a smaller amount of the medication, which reduces the risk of potential side effects. Additionally, Paroxetine has been studied more thoroughly in this context, demonstrating a favorable safety profile for breastfeeding mothers and their infants. In contrast, while Fluoxetine may also be prescribed to breastfeeding mothers, it has a longer half-life and can accumulate in the infant's system over time. Valproic acid and Methotrexate are typically avoided during breastfeeding due to significant risks of adverse effects on the infant. Valproic acid can lead to potential toxicity and developmental issues, while Methotrexate poses risks for cellular toxicity and adverse effects on the nursing infant. These factors contribute to the recommendation of Paroxetine as the safer option for breastfeeding mothers.

5. Which medication is commonly used to prevent preterm labor in pregnant clients?

A. Oxytocin

B. Nifedipine

C. Raloxifene

D. Clomiphene

Nifedipine is a calcium channel blocker that plays a significant role in the management of preterm labor. By relaxing the smooth muscle of the uterus, it helps to inhibit contractions, making it effective in delaying preterm labor. This action is crucial since managing premature contractions is vital for the health of both the mother and the fetus. In contrast, oxytocin is used to induce labor rather than prevent it. Raloxifene is primarily a selective estrogen receptor modulator used in the treatment of osteoporosis and breast cancer, and it does not have applications related to preterm labor. Clomiphene is typically used for inducing ovulation and is not indicated for managing labor issues. Thus, nifedipine stands out as the appropriate choice for preventing preterm labor in pregnant clients.

6. Which medication is known to cause limb shortening as a teratogenic effect if administered during pregnancy?

A. Phenytoin

B. Topiramate

C. Thalidomide

D. Carbamazepine

Thalidomide is recognized for its teratogenic effects, particularly the significant risk of limb shortening when administered during pregnancy. Originally marketed as a sedative and later for treating morning sickness, thalidomide was withdrawn from the market due to its severe side effects. It is associated with phocomelia, a condition that results in the malformation or absence of limbs, caused by its impact on the developing fetus during critical periods of limb development. In contrast, while other medications listed may have teratogenic effects, they do not specifically cause limb shortening in the same manner as thalidomide. Phenytoin and carbamazepine, for instance, can lead to fetal hydantoin syndrome, which results in craniofacial dysmorphisms and other anomalies, but limb shortening is not a primary concern. Topiramate is also associated with some risk in pregnancy, including orofacial clefts, but again does not lead to limb shortening as a teratogenic outcome. Thus, thalidomide stands out as the medication most commonly linked with this specific teratogenic effect.

7. During feedings, how does the nurse's interaction with the infant contribute to better feeding outcomes?

A. It distracts the infant from discomfort.

B. It helps improve the rhythm of feeding.

C. It provides a social aspect that enhances bonding.

D. It minimizes the time taken for feedings.

The interaction between the nurse and the infant during feedings plays a significant role in fostering a positive feeding experience, and this is particularly true in terms of enhancing the social aspect that contributes to bonding. When nurses engage with infants—through gentle talking, eye contact, or soothing touches—this not only comforts the infant but also stimulates emotional connections. This bonding is crucial for the infant's overall development, as secure attachments can lead to better physical and emotional health outcomes. Furthermore, positive interactions during feeding can create a more relaxed environment, allowing the infant to feed more effectively and efficiently. This nurturing approach supports the infant's psychological well-being, which can also impact their willingness to feed and their ability to latch properly, thus facilitating better nutritional intake. While other options may present various aspects of a feeding interaction, they do not capture the central importance of the social and emotional bonding that enhances the feeding experience.

8. 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,

9. What should a nurse inform parents regarding injury prevention for preschool-aged children?

A. They are more prone to falls than toddlers.

B. They have poor gross motor skills leading to injury.

C. They are less likely to follow rules, increasing injury risk.

D. They are at risk for head injuries from riding a tricycle.

Informing parents about injury prevention for preschool-aged children is crucial, particularly regarding the risks they face when engaging in activities like riding tricycles. Preschool-age children are developing their coordination and physical skills, but they may not yet have a full understanding of safety rules or how to navigate their environment safely. When riding a tricycle, children may be particularly vulnerable to head injuries due to falls or collisions. This highlights the importance of helmet use and supervision while they are riding. Ensuring that children wear proper safety gear can help mitigate the risk of serious injuries, especially since they are eager to explore their environment but may lack the judgment to avoid hazards. Other factors, such as their enthusiastic, energetic nature and tendency to take risks while playing, also contribute to this increased risk for head injuries. Therefore, it's important for parents to be vigilant and proactive in implementing safety measures during playtime activities that involve mobility equipment, such as tricycles.

10. A newborn has developed jaundice and poor sucking. Which medication is likely responsible for this condition?

A. Tetracycline

B. Sulfonamide

C. Phenothiazine

D. Chloramphenicol

The medication most commonly associated with jaundice and poor sucking in newborns is sulfonamide. Sulfonamides can displace bilirubin from its binding sites on albumin, leading to increased levels of unconjugated bilirubin in the infant's bloodstream. This results in a higher risk of jaundice, as the infant's liver is still maturing and may not efficiently process the bilirubin. Poor sucking can also result from the overall effects of the drug on the infant's health and the potential for decreased feeding interest or lethargy. While tetracycline, phenothiazine, and chloramphenicol may also have side effects, they are not typically linked to jaundice and poor sucking in newborns in the same way that sulfonamides are. Tetracycline can affect bone and teeth development and may have other impacts on neonates, phenothiazines can cause extrapyramidal symptoms, and chloramphenicol is known for serious toxicity, including grey baby syndrome, but sulfonamides stand out in this context for the specific symptoms mentioned.

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:

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