

# HESI Pediatric Nursing Case Study - Cleft Lip and Cleft Palate Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

**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

<b>Copyright</b> .....	<b>1</b>
<b>Table of Contents</b> .....	<b>2</b>
<b>Introduction</b> .....	<b>3</b>
<b>How to Use This Guide</b> .....	<b>4</b>
<b>Questions</b> .....	<b>5</b>
<b>Answers</b> .....	<b>9</b>
<b>Explanations</b> .....	<b>11</b>
<b>Next Steps</b> .....	<b>17</b>

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. After a newborn is born with a cleft lip and palate, what is the most appropriate initial nursing action?**
  - A. Answer the mother's questions and allow her to see her daughter.**
  - B. Explain the condition is untreatable.**
  - C. Notify only the surgeon and not talk to the mother.**
  - D. Move the infant away from the mother to the incubator.**
  
- 2. In response to a parent feeling overwhelmed by peers' ridicule of her child, which statement is most supportive?**
  - A. That is difficult. There are no easy answers when others are ridiculing your child.**
  - B. Ignore the comments and hope they stop.**
  - C. The scar will disappear completely with time.**
  - D. All children face ridicule, so it's not a big deal.**
  
- 3. Which goal must be met before hospital discharge to ensure proper feeding of the newborn with cleft lip/palate?**
  - A. The infant nurses from the breast for 15 minutes each feeding.**
  - B. Parents must be able to feed the infant with the proper technique after instruction.**
  - C. Weight must be within 2% of birth weight.**
  - D. Both parents will feed client to demonstrate the proper feeding method.**
  
- 4. Which statement best describes the family's involvement in the child's care?**
  - A. They are inconsistent with medical recommendations**
  - B. They are highly stressed and not engaged**
  - C. They are supportive and compliant with healthcare recommendations**
  - D. They rely solely on medical professionals**

- 5. According to Maslow's hierarchy, which nursing problem should be addressed first for a pediatric patient with cleft palate?**
- A. Psychological well-being**
  - B. Nutritional status**
  - C. Pain management**
  - D. Mobility**
- 6. Which statement about the postoperative follow-up plan is accurate?**
- A. The infant will be seen every two weeks to coordinate care.**
  - B. The infant will be seen only if problems arise.**
  - C. The infant will be followed by the surgical team for several years with no routine follow-up.**
  - D. No further follow-up is needed after discharge.**
- 7. Cleft palate repair is typically performed at approximately what age?**
- A. Birth**
  - B. 6 to 12 months**
  - C. 2 to 3 years**
  - D. 5 to 7 years**
- 8. What is a key reason to burp during and after a Haberman feeding?**
- A. To prevent gastric distention and improve comfort.**
  - B. To increase milk supply.**
  - C. To measure how much milk was consumed.**
  - D. To cool the milk.**
- 9. Which statement is NOT accurate regarding planning for cleft lip and palate repair?**
- A. All repair is completed by infancy with a single surgery.**
  - B. The repair is typically done in two stages.**
  - C. The patient may require additional surgeries as they grow.**
  - D. The timing depends on growth progress.**

**10. Which observation indicates normal bonding between parents and infant?**

- A. Parents demonstrate affectionate interaction and respond to infant cues.**
- B. Parents demonstrate detachment from the infant.**
- C. Parents isolate the infant from others.**
- D. Parents ignore infant cues.**

**SAMPLE**

## Answers

SAMPLE

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

SAMPLE

## **Explanations**

SAMPLE

**1. After a newborn is born with a cleft lip and palate, what is the most appropriate initial nursing action?**

**A. Answer the mother's questions and allow her to see her daughter.**

**B. Explain the condition is untreatable.**

**C. Notify only the surgeon and not talk to the mother.**

**D. Move the infant away from the mother to the incubator.**

The main idea is to support the family's connection with their newborn right away and provide clear, hopeful information. Allowing the mother to see and hold her baby and answering her questions fosters bonding, reduces anxiety, and sets the stage for teaching about care and feeding options. This approach also communicates that cleft lip and palate are manageable conditions with treatment ahead, which helps the family feel supported rather than frightened. In contrast, saying the condition is untreatable, talking only to the surgeon without including the mother, or separating the infant from the mother undermines bonding and trust and isn't appropriate unless there are immediate medical needs. By prioritizing early, open communication and maternal-infant contact, you lay a foundation for cooperative, informed care.

**2. In response to a parent feeling overwhelmed by peers' ridicule of her child, which statement is most supportive?**

**A. That is difficult. There are no easy answers when others are ridiculing your child.**

**B. Ignore the comments and hope they stop.**

**C. The scar will disappear completely with time.**

**D. All children face ridicule, so it's not a big deal.**

The main idea being tested is how to respond to parental distress with empathetic, validating communication that supports a family dealing with social stigma around a child with a cleft condition. The most supportive statement names the challenge and acknowledges the parent's feelings, which validates their experience and keeps the door open for further discussion and help. This approach aligns with family-centered care, showing understanding of how ridicule from peers can impact the family and offering a supportive stance rather than rushing to fix the problem. Seeing the difficulty and recognizing it as real communicates empathy and safety, which helps the parent feel heard and more willing to engage in coping strategies, planning with the care team, and seeking resources such as social support or counseling for the family and child. Other responses fall short because they either minimize or dismiss the emotional burden or offer false assurances. Ignoring the comments avoids addressing the parent's feelings. Saying the scar will disappear completely with time implies certainty about a physical change and ignores ongoing social and emotional effects. Framing it as not a big deal because all children face ridicule minimizes the parent's lived experience and can deter seeking support.

**3. Which goal must be met before hospital discharge to ensure proper feeding of the newborn with cleft lip/palate?**

- A. The infant nurses from the breast for 15 minutes each feeding.**
- B. Parents must be able to feed the infant with the proper technique after instruction.**
- C. Weight must be within 2% of birth weight.**
- D. Both parents will feed client to demonstrate the proper feeding method.**

Discharge readiness for a newborn with cleft lip/palate centers on caregiver competency in feeding. The most important goal to confirm before leaving the hospital is that both parents can actually perform the feeding technique correctly under supervision, demonstrating they understand how to feed safely at home. When both caregivers practice feeding the infant, they gain hands-on experience with the specific methods used for cleft lip/palate, such as proper positioning, choosing or adjusting the nipple/fluid flow, pacing the feed, and recognizing signs of distress or aspiration. This shared demonstration shows they can maintain the correct technique consistently after discharge, which is vital for ensuring the infant receives adequate nutrition without complications. Weight status matters, but it doesn't by itself prove that the family can manage feeding safely at home. Requiring a single parent to demonstrate feeding might reveal individual competence, but having both parents participate ensures there is support and shared responsibility, which enhances safety and confidence in ongoing care.

**4. Which statement best describes the family's involvement in the child's care?**

- A. They are inconsistent with medical recommendations**
- B. They are highly stressed and not engaged**
- C. They are supportive and compliant with healthcare recommendations**
- D. They rely solely on medical professionals**

In pediatric cleft lip/palate care, families are partners with the healthcare team to support feeding, wound care after surgery, and ongoing development such as speech therapy and follow-up visits. When a family is described as supportive and compliant with healthcare recommendations, it means they actively follow feeding plans and techniques, adhere to postoperative precautions to protect surgical sites, attend scheduled appointments, and participate in prescribed therapies. That collaborative involvement is essential for successful healing and the child's ongoing progress. Choices that suggest inconsistency with recommendations, high levels of stress with little engagement, or reliance only on medical professionals reflect less active home care and can hinder outcomes by not reinforcing treatment plans at home or missing important follow-up.

**5. According to Maslow's hierarchy, which nursing problem should be addressed first for a pediatric patient with cleft palate?**

- A. Psychological well-being**
- B. Nutritional status**
- C. Pain management**
- D. Mobility**

In Maslow's framework, meeting physiological needs lays the foundation for all other growth and development. For a child with a cleft palate, feeding can be challenging because the palate gap affects suction and increases energy use, leading to inadequate intake, dehydration, or poor weight gain. Prioritizing nutritional status ensures the child receives adequate calories and fluids necessary for growth, healing, and overall stability, which then supports effective progress in other areas like pain control, psychological support, and mobility. While pain management, emotional well-being, and mobility are important, they can be addressed once the child's basic nutritional needs are secured.

**6. Which statement about the postoperative follow-up plan is accurate?**

- A. The infant will be seen every two weeks to coordinate care.**
- B. The infant will be seen only if problems arise.**
- C. The infant will be followed by the surgical team for several years with no routine follow-up.**
- D. No further follow-up is needed after discharge.**

Postoperative follow-up is about ensuring proper healing and coordinating ongoing care across a multidisciplinary team for the infant who had cleft lip or palate repair. In the weeks after surgery, close observation helps catch issues early—things like wound healing at the repair site, signs of infection, edema, or dehiscence—while also supporting feeding as the infant transitions after surgery. These visits also lay the groundwork for later milestones, bringing in speech therapy, feeding support, orthodontic assessment, and any needed additional interventions. Checking in every two weeks provides a practical rhythm to monitor healing, adjust home care and pain management, and promptly address concerns while the infant is growing quickly. Relying on problems driving visits means issues can be missed or delayed, and assuming no routine follow-up or no further follow-up ignores the ongoing nature of cleft care that requires regular evaluation and coordinated therapy.

7. Cleft palate repair is typically performed at approximately what age?

- A. Birth
- B. 6 to 12 months**
- C. 2 to 3 years
- D. 5 to 7 years

Timing a cleft palate repair is about restoring the palate's function in time to support normal feeding and, crucially, speech development, while allowing tissues to heal appropriately. Performing the repair around six to twelve months of age hits that balance. At this age, infants are developmentally ready for surgery, anesthesia safety is favorable, and the tissues are suitable for a durable closure that promotes proper velopharyngeal function. Doing it at birth is too early for effective closure and healing, and waiting until after the first year—especially beyond 2 years—can impede speech development and lead to compensatory articulation patterns and other dental or facial-growth issues. Thus, six to twelve months is the typical window.

8. What is a key reason to burp during and after a Haberman feeding?

- A. To prevent gastric distention and improve comfort.**
- B. To increase milk supply.
- C. To measure how much milk was consumed.
- D. To cool the milk.

During Haberman feeding, some air is swallowed despite the specialized nipple, so burping during and after helps release that swallowed air. Releasing the air prevents gastric distention, which can cause fullness, discomfort, fussiness, and poor feeding. Keeping the infant comfortable supports a more efficient and successful feeding session. The other options don't fit because burping isn't about increasing milk supply, measuring intake, or cooling the milk.

9. Which statement is NOT accurate regarding planning for cleft lip and palate repair?

- A. All repair is completed by infancy with a single surgery.**
- B. The repair is typically done in two stages.
- C. The patient may require additional surgeries as they grow.
- D. The timing depends on growth progress.

Planning for cleft lip and palate repair is about coordinating procedures with the child's growth and development to restore function (speech, feeding, hearing) and appearance. The statement that all repair is completed by infancy with a single surgery isn't accurate because most plans are staged. The lip is usually repaired in early infancy, but palate repair is typically done later, and many children need two or more procedures to address both lip and palate function and growth concerns. As the child grows, additional surgeries may be needed for speech improvement, nasal shape, or dental/alveolar alignment. The exact timing depends on growth progress, overall health, and multidisciplinary team input, balancing the goals of optimizing function now while preserving facial growth for the future.

**10. Which observation indicates normal bonding between parents and infant?**

- A. Parents demonstrate affectionate interaction and respond to infant cues.**
- B. Parents demonstrate detachment from the infant.**
- C. Parents isolate the infant from others.**
- D. Parents ignore infant cues.**

**Bonding is strengthened when parents respond to an infant's needs with warmth and consistency. Affectionate interaction, such as holding, stroking, making eye contact, talking softly, and engaging in soothing activities, together with quick, sensitive responses to the infant's cues (crying, rooting, or signals of hunger or discomfort) helps the baby learn they can rely on their caregiver. This attunement supports secure attachment and healthy emotional development. Choosing the option that describes affectionate interaction and timely responsiveness best fits normal bonding because it shows parents are attuned, caring, and consistent. In contrast, detachment, isolating the infant, or ignoring cues signal a disconnect in the caregiving relationship and are not indicators of healthy bonding.**

**SAMPLE**

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

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

SAMPLE