Kaplan Pediatrics Practice Test (Sample)

Study Guide

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Questions

1. What are signs of dehydration in infants?

A. Bright, moist skin

B. Increased urine output

C. Decreased urine output and dry mucous membranes

D. Excessive sweating

2. What is the best way to ensure adequate fluid intake for a toddler with nausea and diarrhea?

A. Keep the client NPO and give hypotonic solutions intravenously

B. Force fluids and give hypertonic solutions intravenously

C. Provide gelatin and ice pops to increase fluid intake

D. Offer oral rehydration solutions (ORS) to rehydrate

3. When do permanent teeth typically begin to emerge in children?

A. At age 4

B. At age 6

C. At age 8

D. At age 10

4. What is the leading cause of death in children aged 1 to 4 years?

A. Unintentional injuries

B. Infectious diseases

C. Congenital anomalies

D. Neoplasm

5. What is the correct timing for taking pancreatic enzymes in a young adult with cystic fibrosis?

A. One hour after eating

B. At the beginning of a meal

C. At bedtime

D. With a snack mid-afternoon

6. What dietary change is necessary for a child diagnosed with PKU?

- **A. High-protein diet**
- **B. Low-phenylalanine diet**
- **C. Low-fat diet**
- **D. High-calcium diet**

7. What is the most important principle of nursing care for an infant with myelomeningocele?

- **A. Asepsis**
- **B. Exercise**
- **C. Hygiene**
- **D. Rest**

8. What response is most appropriate for a nurse to give to parents about a 15-month-old toddler who is not yet walking?

- **A. "I will refer you to a specialist."**
- **B. "Delayed motor development is a sign of autism, prepare yourself."**
- **C. "It might be wise to stop carrying the child for a while."**
- **D. "Children often set their own pace."**

9. What is the management for a child with mild asthma?

- **A. Daily use of steroids**
- **B. Use of a bronchodilator as needed**
- **C. Regular exercise without medication**
- **D. Immediate hospitalization**

10. Which behavior might indicate a hearing issue in a child?

- **A. Playing with toys excessively**
- **B. Increased babbling**
- **C. Not responding to their name**
- **D. Following directions properly**

Answers

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

Explanations

1. What are signs of dehydration in infants?

A. Bright, moist skin

B. Increased urine output

C. Decreased urine output and dry mucous membranes

D. Excessive sweating

Dehydration in infants can present with several key indicators, and one of the most significant signs is decreased urine output accompanied by dry mucous membranes. When an infant is dehydrated, their body conserves water, leading to less frequent urination; typically, a healthy infant should produce several wet diapers a day. If the infant is producing fewer wet diapers than usual, it is a clear sign of dehydration. In addition to decreased urine output, dry mucous membranes are another crucial indicator. Mucous membranes in the mouth and eyes should appear moist and hydrated; if they are dry, it often suggests that the infant is not getting enough fluids. Recognizing these signs is critical because dehydration in infants can rapidly lead to more severe health situations. Infants have a higher percentage of body water and are at a greater risk for dehydration than older children and adults. Therefore, monitoring these signs can help caregivers take appropriate actions, such as increasing fluid intake or seeking medical attention. In contrast, other choices represent signs or conditions that do not indicate dehydration. Bright, moist skin suggests adequate hydration, while increased urine output is a clear sign of sufficient fluid intake. Excessive sweating may occur in certain settings but is not a definitive sign of dehydration in the

2. What is the best way to ensure adequate fluid intake for a toddler with nausea and diarrhea?

A. Keep the client NPO and give hypotonic solutions intravenously

B. Force fluids and give hypertonic solutions intravenously

C. Provide gelatin and ice pops to increase fluid intake

D. Offer oral rehydration solutions (ORS) to rehydrate

Offering oral rehydration solutions (ORS) is the best way to ensure adequate fluid intake for a toddler experiencing nausea and diarrhea. ORS are specifically formulated to replace lost fluids and electrolytes effectively, which is crucial in managing dehydration caused by these conditions. In cases of vomiting and diarrhea, maintaining hydration is paramount. ORS contain a balanced mixture of water, salts, and sugars, allowing for optimal absorption in the intestines. This is particularly important for toddlers, who are more susceptible to dehydration due to their smaller fluid reserves. While other options may seem viable, they are less effective for this situation. Keeping the child NPO (nothing by mouth) could lead to further dehydration. Likewise, using hypotonic solutions intravenously might not provide the electrolytes needed, and hypertonic solutions can exacerbate dehydration and lead to electrolyte imbalances. Offering gelatin and ice pops, while they may provide some hydration, does not deliver the precise electrolyte composition required for effective rehydration like ORS does. Thus, ORS is the most reliable method to ensure proper rehydration for toddlers under these circumstances.

3. When do permanent teeth typically begin to emerge in children?

A. At age 4

B. At age 6

C. At age 8

D. At age 10

Permanent teeth typically begin to emerge in children around the age of 6. This developmental milestone is significant in pediatric dentistry and child development as it marks the transition from primary (baby) teeth to permanent teeth. The first permanent molars, often referred to as "six-year molars,", usually erupt behind the last primary teeth. Around this age, children will also start losing their primary teeth, a natural process that creates space for the permanent teeth to come in. This transition plays a crucial role in the alignment and spacing of the teeth, affecting both oral health and later orthodontic treatment needs. Understanding this timeline is essential for parents and caregivers as they anticipate dental visits and the need for dental care during this growth phase.

4. What is the leading cause of death in children aged 1 to 4 years?

A. Unintentional injuries

B. Infectious diseases

C. Congenital anomalies

D. Neoplasm

The leading cause of death in children aged 1 to 4 years is unintentional injuries. This category encompasses a variety of accidents, including motor vehicle collisions, drownings, falls, and suffocations, which are particularly prevalent in this age group. Children between 1 to 4 years are extremely curious and often explore their environments without a full understanding of potential dangers, making them more susceptible to accidental injuries. Unintentional injuries account for a significant proportion of pediatric mortality and emphasize the need for preventive strategies, such as childproofing homes, providing appropriate supervision, and using safety equipment like car seats and life vests. While infectious diseases, congenital anomalies, and neoplasms are relevant health concerns for this age group, they do not surpass the high incidence of accidents. Awareness of the risks associated with unintentional injuries helps in developing educational and public health interventions aiming to reduce these tragedies, further underscoring their prominence as a leading cause of mortality in young children.

5. What is the correct timing for taking pancreatic enzymes in a young adult with cystic fibrosis?

A. One hour after eating

B. At the beginning of a meal

C. At bedtime

D. With a snack mid-afternoon

Taking pancreatic enzymes at the beginning of a meal is crucial for individuals with cystic fibrosis, as it ensures that the enzymes are available to aid in the digestion of food right from the start. Cystic fibrosis often leads to pancreatic insufficiency, meaning the pancreas does not produce sufficiently effective digestive enzymes. When these enzymes are taken with the first bites of a meal, they help in breaking down fats, proteins, and carbohydrates into absorbable nutrients, thereby improving nutrient absorption and overall digestive health. This timing allows for the enzymes to mix thoroughly with the food as it is processed in the stomach and intestines, optimizing their effectiveness. Timing them after eating or at bedtime would not provide the necessary support during digestion, and taking them with a snack mid-afternoon would likely miss the opportunity to aid in the primary meals where the enzyme support is most critical. Therefore, taking pancreatic enzymes at the beginning of meals is the optimal choice for managing cystic fibrosis-related nutritional needs.

6. What dietary change is necessary for a child diagnosed with PKU?

A. High-protein diet

B. Low-phenylalanine diet

C. Low-fat diet

D. High-calcium diet

Phenylketonuria (PKU) is a genetic disorder that results in the inability to metabolize phenylalanine, an amino acid found in many protein-containing foods. Children diagnosed with PKU must follow a diet that strictly limits phenylalanine intake to prevent the harmful accumulation of this substance in the body, which can lead to neurological damage and intellectual disabilities. The necessary dietary change for a child with PKU is a low-phenylalanine diet. This involves avoiding high-protein foods, which are typically rich in phenylalanine, such as meat, fish, eggs, dairy products, nuts, and certain grains. Instead, the diet is often supplemented with specially formulated low-protein foods and medical food products that provide necessary nutrients without the harmful levels of phenylalanine. While other dietary options may have their own medical indications (like high-calcium for osteoporosis or low-fat for heart concerns), they do not specifically address the metabolic abnormality associated with PKU. Therefore, adopting a low-phenylalanine diet is crucial for managing the condition effectively and ensuring healthy development.

7. What is the most important principle of nursing care for an infant with myelomeningocele?

A. Asepsis

B. Exercise

C. Hygiene

D. Rest

The most important principle of nursing care for an infant with myelomeningocele is asepsis. This condition involves a defect in the spinal column where the spinal cord and surrounding tissues protrude through the opening in the vertebrae, exposing them to potential infection. Maintaining strict aseptic technique is crucial because any contamination in the area can lead to serious complications, including meningitis or other infections. Preventing these infections is vital as they can exacerbate the infant's existing health challenges and affect recovery prospects. Proper wound care and management of the defect are paramount to ensuring that the site remains clean and free from pathogens. The focus on asepsis supports both the immediate care needs of the infant and their long-term health outcomes. While hygiene, exercise, and rest all have their roles in the overall care for infants, they do not hold the same critical importance as maintaining aseptic conditions when specifically addressing the risks associated with myelomeningocele. Hygiene is important for general health, exercise may be limited in these infants due to their condition, and rest is part of overall care but does not directly address the urgent need to prevent infection at the site of the defect.

8. What response is most appropriate for a nurse to give to parents about a 15-month-old toddler who is not yet walking?

A. "I will refer you to a specialist."

B. "Delayed motor development is a sign of autism, prepare yourself."

C. "It might be wise to stop carrying the child for a while."

D. "Children often set their own pace."

The most appropriate response is that children often set their own pace. At 15 months, there is a wide range of normal when it comes to walking. While many toddlers do begin walking between 9 to 15 months, some may take longer to achieve this milestone and still fall within the spectrum of typical development. Each child develops skills at their own rate, influenced by various factors including individual temperament and the environment. This response reassures parents that a delay in walking does not necessarily indicate a problem, as toddlers develop gross motor skills at different times. By normalizing the situation, the nurse helps alleviate concern and fosters a supportive atmosphere for parents as they navigate their child's developmental stages. The other options suggest immediate action or imply definitive issues without considering the broader context of child development, which could increase the parents' anxiety unnecessarily.

9. What is the management for a child with mild asthma?

A. Daily use of steroids

B. Use of a bronchodilator as needed

C. Regular exercise without medication

D. Immediate hospitalization

For a child with mild asthma, the management typically involves using a bronchodilator as needed. This approach aligns with guidelines that recommend a stepwise treatment plan based on the severity and frequency of asthma symptoms. Mild asthma is characterized by infrequent symptoms, possibly occurring only with exercise or exposure to allergens. In these instances, a short-acting bronchodilator, commonly referred to as a rescue inhaler, is effective in alleviating symptoms quickly. This medication works by relaxing the muscles around the airways, facilitating easier breathing during an asthma exacerbation. The option of daily steroid use is generally reserved for more persistent asthma cases, while regular exercise, while beneficial for overall health, does not address acute asthma symptoms directly and may not be suitable as a stand-alone management strategy. Immediate hospitalization is only necessary in cases of severe asthma exacerbations and is not appropriate for mild symptoms. Thus, the on-demand use of a bronchodilator provides a practical and effective management strategy for a child experiencing mild asthma.

10. Which behavior might indicate a hearing issue in a child?

A. Playing with toys excessively

B. Increased babbling

C. Not responding to their name

D. Following directions properly

Not responding to their name is a key indicator that a child may have a hearing issue. Children typically develop an awareness of their names and respond to them by a certain age. If a child does not respond when called, it may suggest that they are unable to hear sounds effectively, which is crucial for language development and social interaction. This behavior can affect their ability to engage with caregivers and peers, leading to further developmental challenges. It's essential to monitor such signs, as early detection of hearing issues can help facilitate timely interventions that support the child's communication skills and overall development. Other behaviors like playing with toys excessively, increased babbling, and following directions properly do not necessarily indicate hearing problems. Excessive play could relate to other developmental factors, increased babbling is often a sign of healthy language development, and following directions suggests the child is responding to auditory cues.