

KAPLAN PEDIATRICS PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED 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. 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. What is the significance of the Apgar score?**
 - A. It estimates a child's IQ
 - B. It determines a child's height
 - C. It assesses the health of newborns immediately after birth
 - D. It evaluates a child's vaccination status
- 2. What statement from a parent indicates a potential dietary issue for a child with phenylketonuria?**
 - A. "My child snacks on oranges."
 - B. "My child eats low-protein pasta for dinner."
 - C. "My child really likes potato chips."
 - D. "My child's favorite lunch is a peanut butter and jelly sandwich."
- 3. Which immunizations should a nurse administer to an unimmunized adolescent client?**
 - A. MMR, Hepatitis A, and DTaP
 - B. Tdap, MMR, and polio
 - C. MMR, varicella, and HiB
 - D. Polio, MMR, and DTaP
- 4. Which of the following behaviors is typical for a 5-month-old infant during a well-baby checkup?**
 - A. The infant sits for an extended time without support
 - B. The infant transfers an object from hand-to-hand
 - C. The infant rolls to back (supine) from prone position
 - D. The infant exhibits signs of stranger anxiety when staff enter the room
- 5. What is a common skin condition seen in neonates characterized by yellowish discoloration?**
 - A. Acne
 - B. Psoriasis
 - C. Eczema
 - D. Jaundice

- 6. At what age should a child receive their first dental visit?**
- A. Before 1 year
 - B. At 1 year
 - C. At 2 years
 - D. At 3 years
- 7. Which of the following is a sign of respiratory distress in infants?**
- A. Sneezing
 - B. Nasal flaring
 - C. Yawning
 - D. Frequent burping
- 8. What are the hallmark signs of meningitis in children?**
- A. Rash, conjunctivitis, lethargy
 - B. High fever, neck stiffness, photophobia
 - C. Vomiting, diarrhea, dehydration
 - D. Coughing, wheezing, chest pain
- 9. Which statement correctly describes the hemophilia A trait?**
- A. It is an X-linked recessive trait found primarily in females.
 - B. It is an X-linked dominant trait found primarily in females.
 - C. It is an X-linked recessive trait found primarily in males.
 - D. It is an X-linked dominant trait found primarily in males.
- 10. Which immunization is typically administered at 12 months of age?**
- A. DTaP
 - B. MMR
 - C. Hep B
 - D. IPV

Answers

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

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Explanations

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1. What is the significance of the Apgar score?

- A. It estimates a child's IQ
- B. It determines a child's height
- C. It assesses the health of newborns immediately after birth**
- D. It evaluates a child's vaccination status

The Apgar score is a vital tool used to assess the health of newborns immediately after birth. Developed by Dr. Virginia Apgar in 1952, this rapid assessment evaluates five criteria: appearance (skin color), pulse (heart rate), grimace response (reflexes), activity (muscle tone), and respiration (breathing effort). Each of these criteria is scored on a scale from 0 to 2, with the total score ranging from 0 to 10. The significance of the Apgar score lies in its ability to provide a quick assessment of the newborn's physical condition and determine whether immediate medical care is needed. A higher score indicates that the baby is generally in good health, while a lower score may suggest that the baby requires further medical attention. This tool helps healthcare providers quickly respond to any potential health issues in newborns, making it a crucial part of newborn care in the first moments of life.

2. What statement from a parent indicates a potential dietary issue for a child with phenylketonuria?

- A. "My child snacks on oranges."
- B. "My child eats low-protein pasta for dinner."
- C. "My child really likes potato chips."
- D. "My child's favorite lunch is a peanut butter and jelly sandwich."**

In the context of phenylketonuria (PKU), a metabolic disorder that requires a strict dietary management to limit phenylalanine intake, the statement regarding the child's favorite lunch being a peanut butter and jelly sandwich highlights a potential dietary issue. Peanut butter is high in protein, and specifically contains significant levels of phenylalanine, which can be harmful to a child with PKU. Children with this condition must avoid high-protein foods, including those made from nuts, dairy, and certain meats, to prevent toxic buildup of phenylalanine that can lead to serious cognitive impairments and other health issues. Other statements, such as snacking on oranges, eating low-protein pasta, or liking potato chips, do not indicate the same level of dietary risk. Oranges are low in protein and compatible with a PKU diet, and low-protein pasta is specifically designed for such dietary restrictions. While potato chips may not be particularly high in protein, their impact on a PKU diet is far less critical than that of peanut butter. This makes the mention of the peanut butter and jelly sandwich a clear indicator of a potentially problematic food choice for a child diagnosed with PKU.

3. Which immunizations should a nurse administer to an unimmunized adolescent client?

- A. MMR, Hepatitis A, and DTaP
- B. Tdap, MMR, and polio**
- C. MMR, varicella, and HiB
- D. Polio, MMR, and DTaP

The recommended immunizations for an unimmunized adolescent client include Tdap, MMR, and polio. Tdap (tetanus, diphtheria, and pertussis) is essential for adolescents as it provides protection against these serious diseases, particularly pertussis, which can be very contagious and potentially dangerous in this age group. The Tdap vaccine is typically administered at 11 to 12 years of age, making it a crucial immunization for this demographic. MMR (measles, mumps, rubella) is also vital because these diseases can have severe complications, including measles-related pneumonia and mumps-related encephalitis. The vaccination usually occurs in childhood, but unimmunized adolescents need to catch up to ensure they are protected. Polio vaccination is important as well, given that polio can lead to paralysis and has been virtually eliminated in many parts of the world but can still pose a risk in under-vaccinated populations. The polio vaccine is usually given early in childhood, but adolescents who have not been vaccinated need to receive these doses. This combination effectively addresses the immunity gaps common in unimmunized adolescents by ensuring they are protected against both viral and bacterial infections that can lead to significant

4. Which of the following behaviors is typical for a 5-month-old infant during a well-baby checkup?

- A. The infant sits for an extended time without support
- B. The infant transfers an object from hand-to-hand
- C. The infant rolls to back (supine) from prone position**
- D. The infant exhibits signs of stranger anxiety when staff enter the room

At 5 months of age, an infant typically demonstrates a range of developmental milestones. One of the key behaviors observed at this age is the ability to roll from a prone position (lying on the stomach) to a supine position (lying on the back). This rolling action is an important physical milestone that indicates the developing strength and coordination of the infant's muscles. This behavior signifies that the infant is starting to gain more control over their movements, as it requires the coordination of various muscle groups. The ability to roll over is a precursor to further developmental skills, such as sitting up and crawling, which generally occur later. While other behaviors listed, such as transferring objects from hand to hand, are also part of infant development, they typically occur a bit later, around 6 to 7 months. Similarly, showing signs of stranger anxiety usually develops closer to 6 to 8 months, as infants start to recognize familiar faces and may react differently to unfamiliar people. Sitting without support is generally expected around 6 months to 8 months. Therefore, rolling from prone to supine is the most characteristic behavior for a 5-month-old during a well-baby checkup.

5. What is a common skin condition seen in neonates characterized by yellowish discoloration?

- A. Acne
- B. Psoriasis
- C. Eczema
- D. Jaundice**

The condition characterized by yellowish discoloration in neonates is jaundice. This condition arises due to an accumulation of bilirubin in the blood, which can occur when there is a normal physiological breakdown of red blood cells in newborns. Bilirubin is a yellow pigment formed by the breakdown of hemoglobin from red blood cells. In healthy newborns, jaundice can be observed within the first few days of life due to the immaturity of the liver in processing bilirubin. Neonatal jaundice typically resolves on its own as the liver matures and begins to handle bilirubin more effectively. In some cases, treatment may be necessary, particularly if bilirubin levels become excessively high, potentially leading to complications. Other conditions listed, such as acne, psoriasis, and eczema, do not typically present as yellowish discoloration in newborns. Neonatal acne, for instance, involves clogged pores and is not associated with jaundice. Psoriasis is a chronic skin condition that manifests as red, scaly patches and is not seen in neonates. Eczema presents with red, itchy patches but also lacks the yellowish discoloration characteristic of jaundice. Therefore, jaundice is distinctly recognized for its yellowish skin and/or scleral involvement in

6. At what age should a child receive their first dental visit?

- A. Before 1 year
- B. At 1 year**
- C. At 2 years
- D. At 3 years

The recommendation for a child's first dental visit is typically at the age of 1 year. This guideline is supported by the American Academy of Pediatrics and the American Academy of Pediatric Dentistry, which stress the importance of early dental visits. By the time a child reaches their first birthday, most children will have started to develop teeth, making it an ideal time for a dental professional to evaluate oral health, discuss proper dental care practices, and provide guidance on issues such as teething and cavity prevention. An early dental visit helps to establish a dental home, which can lead to better outcomes in terms of oral health. It allows parents to receive education on topics such as diet, oral hygiene, and the importance of fluoride, as well as setting the stage for a positive relationship with oral healthcare providers. Regular check-ups starting at this age can help prevent more serious dental problems as the child grows.

7. Which of the following is a sign of respiratory distress in infants?

- A. Sneezing
- B. Nasal flaring**
- C. Yawning
- D. Frequent burping

Nasal flaring is a significant indicator of respiratory distress in infants. When an infant is experiencing difficulty breathing, they may exhibit nasal flaring as a compensatory mechanism. This occurs when the nostrils widen during inhalation to allow more air to enter the lungs, suggesting that the child is struggling to breathe effectively. It is often accompanied by other signs of respiratory distress, such as retractions or grunting, and indicates that the infant's body is in a state of distress and may need immediate medical evaluation. In contrast, sneezing is a reflex that can occur for various benign reasons, such as clearing irritants from the nasal passages. Yawning is not associated with respiratory distress; it is usually a sign of tiredness or a response to changes in oxygen or carbon dioxide levels. Frequent burping generally relates to feeding practices and does not indicate any respiratory issues or distress. These factors highlight why nasal flaring is a more clinically relevant sign in the context of respiratory distress.

8. What are the hallmark signs of meningitis in children?

- A. Rash, conjunctivitis, lethargy
- B. High fever, neck stiffness, photophobia**
- C. Vomiting, diarrhea, dehydration
- D. Coughing, wheezing, chest pain

The hallmark signs of meningitis in children primarily include high fever, neck stiffness, and photophobia. High fever indicates an infection and is a common symptom in cases of meningitis. Neck stiffness is particularly noteworthy because it often signifies irritation of the meninges, which are the protective membranes covering the brain and spinal cord. Photophobia, or sensitivity to light, is also prevalent in meningitis due to the irritation of the meninges and potential involvement of the central nervous system. This combination of symptoms—high fever, neck stiffness, and photophobia—serves as a clinical hallmark for diagnosing meningitis. In contrast, other groups of symptoms listed in the options point to different health issues. For example, symptoms like rash, conjunctivitis, and lethargy may suggest viral infections or other pediatric illnesses but are not specific indicators of meningitis. Similarly, vomiting, diarrhea, and dehydration align more closely with gastrointestinal conditions rather than central nervous system infections. Lastly, coughing, wheezing, and chest pain are indicative of respiratory issues or infections, which are unrelated to meningitis. Understanding these defining symptoms is crucial for prompt diagnosis and treatment of meningitis in pediatric patients.

9. Which statement correctly describes the hemophilia A trait?

- A. It is an X-linked recessive trait found primarily in females.
- B. It is an X-linked dominant trait found primarily in females.
- C. It is an X-linked recessive trait found primarily in males.**
- D. It is an X-linked dominant trait found primarily in males.

Hemophilia A is characterized as an X-linked recessive trait that predominantly affects males. This means that the gene responsible for hemophilia A is located on the X chromosome. Males have one X and one Y chromosome (XY); if the X chromosome they inherit carries the hemophilia A gene mutation, they will express the trait since they do not have a second X chromosome that could potentially carry a normal allele to mask the mutation. Females, on the other hand, have two X chromosomes (XX). Thus, for a female to express hemophilia A, she would need to inherit the affected X chromosome from both parents. In most cases, females with one affected X chromosome are carriers of the hemophilia A trait but do not show symptoms due to the presence of a normal allele on the other X chromosome. This distinction is key in understanding the gender prevalence seen in hemophilia A cases, as it is primarily males who exhibit the condition due to their single X chromosome inheritance pattern.

10. Which immunization is typically administered at 12 months of age?

- A. DTaP
- B. MMR**
- C. Hep B
- D. IPV

At 12 months of age, the measles, mumps, and rubella (MMR) vaccine is typically administered as part of routine childhood immunizations. This vaccine is important because it helps provide immunity against these three contagious viral diseases, which can have serious complications, especially in young children. The MMR vaccine is usually given in two doses; the first dose is administered between 12 and 15 months of age, and the second dose is given between 4 and 6 years of age. The other immunizations listed have different typical administration schedules. The DTaP vaccine, which protects against diphtheria, tetanus, and pertussis, is commonly given at 2, 4, 6, and 15-18 months, and again at 4-6 years. The Hepatitis B (Hep B) vaccine is recommended for infants at birth, 1-2 months, and 6-18 months, with the first dose administered shortly after birth. The inactivated polio vaccine (IPV) is usually given at 2, 4, and 6-18 months, and again at 4-6 years. Thus, MMR is uniquely positioned in the immunization

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!

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