NCLEX Pediatric Practice Exam (Sample)

Study Guide

Everything you need from our exam experts!

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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. **Which history factor increases the risk of latex allergy in children with myelomeningocele?**

   A. Family history of asthma

   B. History of multiple surgeries

   C. Exclusive breastfeeding

   D. Peanut allergy

2. **Discharge teaching for a school-age child with a ventriculoperitoneal shunt is considered successful when the parents identify which sign as signaling a blocked shunt?**

   A. Decreased urine output with stable intake

   B. Tense fontanelle and increased head circumference

   C. Elevated temperature and reddened incisional site

   D. Irritability and increasing difficulty with eating

3. **Myelomeningocele is commonly associated with which condition?**

   A. Excessive CSF within the cranial cavity

   B. Abnormally small head

   C. Congenital absence of the cranial vault

   D. Overriding of the cranial sutures

4. **A 16-month-old child diagnosed with Kawasaki disease is very irritable, refuses to eat, and exhibits peeling skin on the hands and feet. What should the nurse do FIRST?**

   A. Apply lotion to the hands and feet

   B. Offer foods the toddler likes

   C. Place the toddler in a quiet environment

   D. Encourage the parents to get some rest

5. **How often should neurologic checks be performed in a child with bacterial meningitis?**

   A. Every hour

   B. Every 4 hours

   C. Every 8 hours

   D. Once daily

6. With a spica cast, the abduction stabilizer bar cannot be removed or adjusted unless what occurs?

A. The entire cast is removed and replaced

B. The child outgrows the cast

C. The cast becomes dry

D. The bar is routinely adjusted every 24 hours

7. A child admitted with a fracture of the femur and placed in skeletal traction. What should the nurse assess first?

A. The pull of traction on the pin

B. The Ace bandage

C. The pin sites for signs of infection

D. The dressings for tightness

8. Which treatment goal is most directly achieved by botulinum toxin injections in a child with cerebral palsy?

A. Improved nutritional status

B. Decreased pain from spasticity

C. Improved motor function

D. Enhanced self-esteem

9. Why are droplet precautions essential when caring for a child with suspected meningitis?

A. To prevent contamination of drinking water

B. To prevent spread of respiratory droplets to others

C. To reduce fever

D. To improve hydration

10. Which information should the nurse include when completing discharge instructions for the parents of a 12-month-old child diagnosed with Kawasaki disease and being discharged home?

A. Offer the child extra fluids every 2 hours for 2 weeks

B. Take the child's temperature daily for several days

C. Check the child's BP daily until follow-up appointment

D. Call the healthcare provider if the irritability lasts for more than 2 weeks

Answers

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

Explanations

1. Which history factor increases the risk of latex allergy in children with myelomeningocele?

A. Family history of asthma

B. History of multiple surgeries

C. Exclusive breastfeeding

D. Peanut allergy

Repeated exposure to latex proteins during medical procedures is the strongest factor increasing latex allergy risk in children with myelomeningocele. These patients often undergo multiple surgeries and frequent use of latex-containing devices (gloves, catheters, tubing), which can sensitize the immune system and lead to an IgE-mediated allergy. With each subsequent exposure, the allergic response can worsen and even trigger severe reactions. The other options—family history of asthma, exclusive breastfeeding, and peanut allergy—do not have the same established link to latex sensitization in this context. In care planning, this means using a latex-free environment and equipment for children with myelomeningocele who have had many surgeries.

2. Discharge teaching for a school-age child with a ventriculoperitoneal shunt is considered successful when the parents identify which sign as signaling a blocked shunt?

A. Decreased urine output with stable intake

B. Tense fontanelle and increased head circumference

C. Elevated temperature and reddened incisional site

D. Irritability and increasing difficulty with eating

Blockage of a ventriculoperitoneal shunt raises intracranial pressure, and in school-age children this often shows up as changes in behavior and appetite. Irritability and increasing difficulty with eating signal mounting brain pressure and prompt urgent assessment to prevent injury from elevated ICP. The other signs point to different issues: a tense fontanelle and increased head circumference are signs of raised ICP in infants whose skull sutures aren't fused; fever with a reddened incision suggests shunt infection rather than blockage; and decreased urine output with stable intake isn't related to shunt function.

3. Myelomeningocele is commonly associated with which condition?

A. Excessive CSF within the cranial cavity

B. Abnormally small head

C. Congenital absence of the cranial vault

D. Overriding of the cranial sutures

Myelomeningocele is often linked with hydrocephalus, meaning there is excess CSF accumulating in the brain's ventricles. This association comes from the frequent presence of Arnold-Chiari II malformation in these patients, which disrupts CSF flow and can block drainage, leading to enlarged ventricles. Clinically, this may show as a rapidly increasing head size in infants, a tense or bulging fontanelle, irritability, vomiting, or sunset eyes, and it commonly requires monitoring and intervention such as a ventriculoperitoneal shunt. The other options describe conditions not typically connected to myelomeningocele: a very small head (microcephaly); congenital absence of the cranial vault (anencephaly); and premature fusion of cranial sutures (craniosynostosis). These do not align with the usual complication pattern seen with myelomeningocele.

4. A 16-month-old child diagnosed with Kawasaki disease is very irritable, refuses to eat, and exhibits peeling skin on the hands and feet. What should the nurse do FIRST?

A. Apply lotion to the hands and feet

B. Offer foods the toddler likes

C. Place the toddler in a quiet environment

D. Encourage the parents to get some rest

Irritability is a hallmark of Kawasaki disease in toddlers, and the first priority is to minimize stimulation and promote rest to comfort the child and reduce energy expenditure. Placing the toddler in a quiet, calm environment helps soothe agitation and makes it easier to monitor for fever or discomfort, which is especially important when feeding may be refused. The other actions don't address this immediate need for rest and soothing: lotion helps with skin peeling but won't calm irritability; offering foods isn't feasible when the child refuses to eat and doesn't tackle the root need for rest; encouraging the parents to rest, while valuable, should come after the child's comfort is addressed. Once the child is settled, further care can focus on comfort measures, hydration, and monitoring for other Kawasaki-related symptoms.

5. How often should neurologic checks be performed in a child with bacterial meningitis?

A. Every hour

B. Every 4 hours

C. Every 8 hours

D. Once daily

Monitoring neurologic status in a child with bacterial meningitis is crucial because changes can develop rapidly due to inflammation and potential increases in intracranial pressure. Regular neuro checks track level of consciousness, pupil reactivity, motor function, seizure activity, and signs of worsening intracranial status, guiding timely interventions. After initial stabilization and treatment, checking neurologic function every four hours provides timely surveillance without overburdening staff. If the child is unstable, more frequent checks are needed, such as hourly, to catch quick declines. Checking only once daily or every eight hours could miss early warning signs of deterioration. Therefore, every four hours is the appropriate interval.

6. With a spica cast, the abduction stabilizer bar cannot be removed or adjusted unless what occurs?

A. The entire cast is removed and replaced

B. The child outgrows the cast

C. The cast becomes dry

D. The bar is routinely adjusted every 24 hours

With a spica cast, the abduction stabilizer bar is fixed to the cast to hold the hips in the correct abducted position and maintain the alignment of the femur and hip joint. If you try to remove or adjust the bar while the cast is in place, you risk shifting the entire immobilized area and compromising alignment, which can lead to malunion or tissue injury. Therefore, the only safe way to change or adjust the setup is to remove the entire cast and reapply it with the bar positioned correctly. Growing out of the cast, the cast drying, or routine daily adjustments do not justify altering the bar's position. Adjustments are not performed on a worn cast because they would undermine stabilization.

7. A child admitted with a fracture of the femur and placed in skeletal traction. What should the nurse assess first?

A. The pull of traction on the pin

B. The Ace bandage

C. The pin sites for signs of infection

D. The dressings for tightness

The key idea here is that skeletal traction must deliver a continuous, unobstructed pulling force to realign the fracture. The first thing to assess is the pull of traction on the pin, because if the traction is not being applied correctly—weights not hanging freely, rope kinked or pulled off the pulley, or misalignment—the fracture won't be adequately supported and serious complications like malalignment or neurovascular compromise can occur. So the nurse should verify that the traction pull is intact and the setup is functioning as intended before attending to other aspects. After confirming the pull, you would monitor distal neurovascular status and then assess pin sites, dressings, and the dressing/tape around the limb to ensure none are compromising circulation or traction.

8. Which treatment goal is most directly achieved by botulinum toxin injections in a child with cerebral palsy?

A. Improved nutritional status

B. Decreased pain from spasticity

C. Improved motor function

D. Enhanced self-esteem

Botulinum toxin directly reduces spasticity in targeted muscles by blocking acetylcholine release at the neuromuscular junction. This relaxation of overactive muscles makes it easier for the child to move, improving range of motion and the ability to perform purposeful activities. Because the primary effect is enabling better movement, the most direct treatment goal is improved motor function. While better function can lead to downstream benefits like easier eating, greater independence, or less pain, those are indirect. The medication's effect is temporary and works best when combined with physical and occupational therapy to translate reduced tone into functional skills.

9. Why are droplet precautions essential when caring for a child with suspected meningitis?

A. To prevent contamination of drinking water

B. To prevent spread of respiratory droplets to others

C. To reduce fever

D. To improve hydration

Droplet precautions are used to stop transmission of infections that spread through respiratory droplets expelled when a person talks, coughs, or sneezes. In suspected meningitis, certain bacteria (such as meningococcus) can be carried in droplets and passed to others who are in close contact. By using masks, keeping the patient in a private room when possible, restricting visitors, and practicing strict hand hygiene, you create a barrier that prevents those droplets from reaching the eyes, nose, or mouth of others. This protection directly reduces the chance of spreading the illness to other children, healthcare workers, and family members. It's not about water contamination, fever, or hydration—the purpose is to prevent contagious droplets from moving between people.

10. Which information should the nurse include when completing discharge instructions for the parents of a 12-month-old child diagnosed with Kawasaki disease and being discharged home?

A. Offer the child extra fluids every 2 hours for 2 weeks

B. Take the child's temperature daily for several days

C. Check the child's BP daily until follow-up appointment

D. Call the healthcare provider if the irritability lasts for more than 2 weeks

Monitoring for fever after discharge is essential because fever can signal ongoing inflammation or a relapse after Kawasaki disease, and early detection helps prevent cardiac complications such as coronary artery involvement. Asking parents to take the child's temperature daily for several days provides a simple, reliable way to catch a return of fever early and seek timely care. Hydration is important, but the specific instruction to offer extra fluids every 2 hours for 2 weeks isn't a standard or practical discharge directive and doesn't directly address safety concerns tied to Kawasaki disease recovery. Daily blood pressure checks aren't typically required for home care after Kawasaki disease, as this isn't a routine indicator of recovery in most toddlers. Irritability can occur during recovery, but using duration of irritability as a discharge trigger isn't as critical or clear a marker as fever recurrence for detecting potential complications.

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://nclexpedia.examzify.com

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