

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

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- 1. Why is a high-calorie, high-protein diet prescribed for a child with cystic fibrosis?**
 - A. To support growth**
 - B. To prevent constipation**
 - C. To reduce respiratory infections**
 - D. To increase fat absorption**

- 2. Which assessment finding in a toddler most strongly indicates respiratory distress?**
 - A. Coughing**
 - B. Restlessness**
 - C. Heart rate 95 beats/min**
 - D. Malaise**

- 3. A 2-year-old with suspected meningitis has a history of which condition most associated with pneumococcal meningitis?**
 - A. Bladder infection**
 - B. Middle ear infection**
 - C. Fractured clavicle**
 - D. Septic arthritis**

- 4. A charge nurse should MOST avoid assigning the same nurse to care for a 2-year-old with RSV and which patient?**
 - A. An 18-month-old with RSV**
 - B. A 9-year-old 8 hours postappendectomy**
 - C. A 1-year-old with a heart defect**
 - D. A 6-year-old with sickle cell crisis**

- 5. Which finding at a pin site indicates possible infection during skeletal traction?**
 - A. Redness around the pin**
 - B. Bruising at pin site**
 - C. Slight pain at site only**
 - D. Skin dryness**

- 6. For a child with viral pharyngitis, which action is NOT appropriate?**
- A. Use a cool mist vaporizer**
 - B. Offer a soft-to-liquid diet**
 - C. Administer amoxicillin**
 - D. Administer acetaminophen**
- 7. An infant has been transferred from the ICU to the pediatric floor after undergoing surgery to correct a heart defect. Which task can the nurse delegate to the LPN/VN?**
- A. Administering oral medications**
 - B. Administering IV morphine**
 - C. Obtaining vital signs**
 - D. Discharge teaching**
- 8. In cast care, which action is contraindicated?**
- A. Insert objects into the cast to relieve itching**
 - B. Petal the cast to dry quickly**
 - C. Use the palms of the hands when handling the cast**
 - D. Elevate the limb**
- 9. Why is a higher-calorie formula or fortified breast milk recommended for infants with congenital heart disease?**
- A. Easier digestion**
 - B. Weight gain and energy conservation**
 - C. Reduces reflux**
 - D. Improves immune function**
- 10. Which practice most effectively reduces the spread of respiratory syncytial virus (RSV) in a child-care setting?**
- A. Direct contact**
 - B. Indirect contact**
 - C. Palivizumab for all toddlers in daycare**
 - D. Frequent hand-washing helps reduce the spread of RSV**

Answers

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

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Explanations

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1. Why is a high-calorie, high-protein diet prescribed for a child with cystic fibrosis?

- A. To support growth**
- B. To prevent constipation**
- C. To reduce respiratory infections**
- D. To increase fat absorption**

In cystic fibrosis, growth and development can be compromised because fat and protein are often poorly absorbed and energy needs are higher due to chronic lung disease and frequent infections. A high-calorie, high-protein diet provides the extra calories and amino acids necessary for normal growth, tissue repair, and maintaining weight, helping the child reach appropriate height and weight for age. This isn't primarily about preventing constipation, reducing infections, or increasing fat absorption. Constipation isn't the main goal of this diet, and while good nutrition supports immune function, the key reason for this plan is to meet the increased growth and energy needs. Fat absorption is typically improved with pancreatic enzyme replacement, not by simply eating more fat.

2. Which assessment finding in a toddler most strongly indicates respiratory distress?

- A. Coughing**
- B. Restlessness**
- C. Heart rate 95 beats/min**
- D. Malaise**

Restlessness signals respiratory distress in a toddler because it reflects hypoxemia and the body's urgent attempt to improve oxygen delivery. When a child is not getting enough oxygen, the brain and nervous system respond with agitation, irritability, and an inability to settle. This behavioral change is a key cue of respiratory compromise, often appearing before other signs become obvious. Coughing can occur with many illnesses and doesn't by itself prove distress. Malaise is nonspecific and not a direct measure of breathing sufficiency. A heart rate of 95 beats per minute is within the normal range for a toddler and does not indicate distress by itself. In contrast, restlessness points to the child's current struggle to breathe and is the strongest indicator among these options.

3. A 2-year-old with suspected meningitis has a history of which condition most associated with pneumococcal meningitis?

- A. Bladder infection**
- B. Middle ear infection**
- C. Fractured clavicle**
- D. Septic arthritis**

The most important idea is that pneumococcal meningitis in young children is commonly preceded by an ear infection. *Streptococcus pneumoniae* frequently causes otitis media, and bacteria from the middle ear can spread to the bloodstream and then to the meninges, leading to meningitis. A history of a middle ear infection fits this typical pathway in a 2-year-old. The other conditions listed don't have as strong a link to pneumococcal meningitis as a prior ear infection in this age group.

4. A charge nurse should MOST avoid assigning the same nurse to care for a 2-year-old with RSV and which patient?
- A. An 18-month-old with RSV
 - B. A 9-year-old 8 hours postappendectomy
 - C. A 1-year-old with a heart defect**
 - D. A 6-year-old with sickle cell crisis

The important idea is recognizing when two patients with overlapping high-risk needs should not be cared for by the same nurse. A child with RSV requires close respiratory monitoring and strict infection-control practices because the illness can worsen quickly. A infant who has a congenital heart defect is particularly vulnerable to RSV; the infection can precipitate heart-related complications like congestive heart failure, edema, and hypoxemia. If one nurse is responsible for both a 2-year-old with RSV and a 1-year-old with a heart defect, there's a real risk that early signs of deterioration in the heart child could be missed because the nurse's attention is stretched between two high-stakes situations. Prioritizing separate coverage for these two high-risk needs helps ensure timely assessment and intervention. The other scenarios pose less immediate risk of rapid cardiovascular decompensation. Two RSV patients can be cared for together with appropriate precautions; a postoperative child who is older and not infectious is a manageable assignment for the same nurse; and a sickle cell crisis patient, while painful and demanding, does not carry the same immediate risk of respiratory decompensation as an infant with a heart defect during an RSV illness.

5. Which finding at a pin site indicates possible infection during skeletal traction?
- A. Redness around the pin**
 - B. Bruising at pin site
 - C. Slight pain at site only
 - D. Skin dryness

In skeletal traction, watching for signs of infection at the pin site is essential because the pin breaches the skin and creates a potential entry for bacteria. Redness around the pin site signals inflammation and possible infection, making it the most concerning finding. Early infection signs include warmth, tenderness, swelling, and drainage, so noticing redness should prompt timely assessment and intervention to prevent deeper infection such as osteomyelitis. Bruising at the pin site can occur from insertion trauma and is not a specific infection sign. Slight pain at the site can be expected with traction and isn't by itself an infection indicator unless it worsens or is accompanied by other signs. Skin dryness isn't an infection marker either.

6. For a child with viral pharyngitis, which action is NOT appropriate?

- A. Use a cool mist vaporizer**
- B. Offer a soft-to-liquid diet**
- C. Administer amoxicillin**
- D. Administer acetaminophen**

Viral pharyngitis is managed with supportive care rather than antibiotics. The goal is to relieve symptoms while the illness runs its course. A cool mist vaporizer helps moisturize airways and ease throat irritation. A soft-to-liquid diet reduces pain when swallowing and supports adequate hydration. Acetaminophen provides fever and throat pain relief. Administering amoxicillin is not appropriate because antibiotics target bacteria, not viruses; giving an antibiotic for a viral infection offers no benefit and can cause adverse effects and contribute to antibiotic resistance. If bacterial pharyngitis were suspected, testing would guide antibiotic use rather than prescribing it routinely.

7. An infant has been transferred from the ICU to the pediatric floor after undergoing surgery to correct a heart defect. Which task can the nurse delegate to the LPN/VN?

- A. Administering oral medications**
- B. Administering IV morphine**
- C. Obtaining vital signs**
- D. Discharge teaching**

The task being tested is safe delegation boundaries for LPN/VN in a pediatric post-operative setting. LPNs/VNs can handle routine medication administration by non-intravenous routes under an RN's supervision. Administering an oral medication fits this scope because it is a straightforward, non-IV task with an existing order and does not require the ongoing assessment or monitoring that IV medications demand. Giving IV morphine is not delegated to an LPN/VN because it involves IV access, potential rapid changes in the patient's condition, and close respiratory monitoring that require an RN's oversight. Discharge teaching is typically the responsibility of the RN because it involves comprehensive teaching and planning for safe transition home. While obtaining vital signs is within the LPN/VN's capabilities, the best single task to delegate in this postoperative, potentially unstable infant is administering oral medications.

8. In cast care, which action is contraindicated?

- A. Insert objects into the cast to relieve itching**
- B. Petal the cast to dry quickly**
- C. Use the palms of the hands when handling the cast**
- D. Elevate the limb**

In cast care, protecting skin integrity and preserving immobilization are the priorities. Inserting objects into the cast to relieve itching is contraindicated because it introduces a foreign body that can break the skin, create openings for infection, and damage the cast material. This can lead to skin breakdown, pressure ulcers, or complications inside the cast, and it undermines the cast's purpose of stabilizing the fracture. If itching occurs, safer options include keeping the limb elevated to reduce swelling, moving joints above and below the cast to improve circulation, and using noninvasive methods such as a cool stream of air from a hair dryer on a cool setting to alleviate itching. If itching or discomfort is severe, it's important to contact the healthcare provider rather than inserting anything into the cast.

9. Why is a higher-calorie formula or fortified breast milk recommended for infants with congenital heart disease?

- A. Easier digestion**
- B. Weight gain and energy conservation**
- C. Reduces reflux**
- D. Improves immune function**

In infants with congenital heart disease, meeting growth needs efficiently is essential because the heart condition increases energy expenditure and feeding can become tiring or limited by fluid restrictions. A higher-calorie formula or fortified breast milk delivers more calories per ounce, so adequate daily calories and weight gain can be achieved with smaller or fewer feeds. This helps the baby grow despite the extra energy the body uses for the heart and lungs, and it can reduce the total volume the infant must take, which supports fluid balance and comfort during feeds. It's not primarily about digestion ease, reflux reduction, or immune function; those may be influenced by other factors, but the main purpose of increasing caloric density is to promote weight gain and conserve energy overall.

10. Which practice most effectively reduces the spread of respiratory syncytial virus (RSV) in a child-care setting?

A. Direct contact

B. Indirect contact

C. Palivizumab for all toddlers in daycare

D. Frequent hand-washing helps reduce the spread of RSV

Frequent hand-washing is the most effective way to reduce RSV spread in a child-care setting because the virus is transmitted through contact with infected secretions and contaminated surfaces. When staff and children wash their hands regularly—especially after diapering, after coughing or sneezing, before meals, and after handling toys or shared objects—it removes or deactivates the virus on the hands, interrupting transmission before it can occur. Cleaning and disinfecting toys and surfaces and practicing good diapering and hygiene procedures support this protection, but hand hygiene provides the most consistent and practical barrier in daily daycare routines. Direct contact and indirect contact describe how RSV spreads, not a preventative action. Palivizumab is a preventive antibody given to certain high-risk infants, not all toddlers in daycare, and isn't a general, day-to-day measure to curb spread.

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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!

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