NCLEX PEDIATRIC PRACTICE EXAM (SAMPLE)

STUDY GUIDE

SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://nclexpedia.examzify.com

Table of Contents

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 finding in an infant with meningitis most strongly indicates increased intracranial pressure?

A. Irritability

B. Headache

C. Mood swings

D. Bulging fontanelle

2. 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

3. Which symptom is commonly associated with diabetic ketoacidosis in children?

A. Polyuria

B. Weight gain

C. Fruity breath

D. Rash on skin

4. Which of the following explains why ibuprofen should be avoided in a child with leukemia?

A. It can prolong bleeding time

B. It reduces tumor response

C. It interferes with antibiotics

D. It increases white blood cell production

5. After teaching the parents of a child newly diagnosed with leukemia about the disease, which description BEST indicates understanding of the nature of leukemia?

A. The disease is an infection resulting in increased white blood cell production

B. The disease is a type of cancer characterized by an increase in immature WBC's

C. The disease is an inflammation associated with enlargement of the lymph nodes

D. The disease is an allergic disorder involving increased circulating antibodies in the blood

6. A 10-year-old in Buck's extension traction on the left leg is at risk for several issues. Which observation most requires attention to safety?

A. Dryness of the skin by removing the foam wraps and boot

B. Alignment of the shoulder, hips, and knees

C. Frayed rope near pulleys

D. Correct amount of traction weight on fracture

7. During a Tet spell while obtaining a blood specimen, which action should the nurse take first?

A. Obtain a prescription for sedation for the child

B. Assess for an irregular heart rate and rhythm

C. Explain to the child that it will only hurt for a short time

D. Place the child in a knee-to-chest position

8. Which measure is NOT recommended to reduce the risk of sudden infant death syndrome (SIDS)?

A. Maintain a smoke-free environment

B. Use a wedge for side-lying positions

C. Breast-feed the baby

D. Place the baby on his or her back to sleep

9. A 10-year-old with leukemia is taking immunosuppressive drugs. To maintain health, the nurse should instruct the child and parents to:

A. Continue with immunizations

B. Not receive any live attenuated vaccines

C. Receive vitamin and mineral supplements

D. Stay away from peers

10. 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

Answers

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

Explanations

1. Which finding in an infant with meningitis most strongly indicates increased intracranial pressure?

A. Irritability

B. Headache

C. Mood swings

D. Bulging fontanelle

Bulging fontanelle signals increased intracranial pressure in an infant. The fontanelle is the soft spot where the skull bones haven't yet fused, so it acts like a pressure gauge. When ICP rises from meningitis—due to inflammation, swelling, or excess CSF—the pressure pushes outward on the fontanelle, making it bulge. This is a more specific indicator of intracranial hypertension in infancy than irritability or mood changes, and headaches are hard to assess at this age. So the presence of a bulging fontanelle is the strongest clue of elevated ICP.

2. 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.

3. Which symptom is commonly associated with diabetic ketoacidosis in children?

A. Polyuria

B. Weight gain

C. Fruity breath

D. Rash on skin

Fruity breath is a classic sign of diabetic ketoacidosis in children. When insulin is deficient, the body ramps up fat breakdown and ketone production; acetone, a volatile ketone, accumulates and is exhaled, giving the breath a distinctive fruity odor. This occurs alongside dehydration from osmotic diuresis and metabolic acidosis, leading to symptoms like frequent urination, thirst, weight loss, vomiting, abdominal pain, and rapid breathing. While polyuria is common in DKA, the fruity breath is a particularly characteristic feature. Weight gain and a rash are not typical findings in DKA.

4. Which of the following explains why ibuprofen should be avoided in a child with leukemia?

A. It can prolong bleeding time

B. It reduces tumor response

C. It interferes with antibiotics

D. It increases white blood cell production

Ibuprofen should be avoided in a child with leukemia because it can prolong bleeding time by inhibiting platelet function. As a nonsteroidal anti-inflammatory drug, it blocks an enzyme (cyclooxygenase) needed to produce thromboxane A2, which helps platelets clump together to form clots. In leukemia, platelet counts are often low, so further impairment of platelet function raises the risk of bleeding from even minor injuries or mucous membranes. The other statements don't reflect how ibuprofen works: it does not reduce tumor response, not generally interfere with antibiotics, and does not increase white blood cell production. For fever or pain in this setting, acetaminophen is a safer alternative because it does not impair platelet function.

5. After teaching the parents of a child newly diagnosed with leukemia about the disease, which description BEST indicates understanding of the nature of leukemia?

A. The disease is an infection resulting in increased white blood cell production

B. The disease is a type of cancer characterized by an increase in immature WBC's

C. The disease is an inflammation associated with enlargement of the lymph nodes

D. The disease is an allergic disorder involving increased circulating antibodies in the blood

Leukemia is a cancer of the blood-forming tissues in which the bone marrow produces too many abnormal white cells that are immature. These immature white blood cells accumulate in the marrow and bloodstream, crowding out normal cells and leading to symptoms like fatigue from anemia, increased infections, and easy bruising from low platelets. Saying it is a cancer characterized by an increase in immature white blood cells directly reflects both its malignant nature and the abnormal cell development that defines the disease. The other ideas describe different processes: an infection doesn't cause a malignant rise in immature cells, but rather a normal or reactive increase in mature white cells; enlarged lymph nodes with inflammation points to lymphadenitis or lymphoma rather than leukemia; and allergies involve antibodies but not the uncontrolled, immature white cell proliferation seen in leukemia.

6. A 10-year-old in Buck's extension traction on the left leg is at risk for several issues. Which observation most requires attention to safety?

A. Dryness of the skin by removing the foam wraps and boot

B. Alignment of the shoulder, hips, and knees

C. Frayed rope near pulleys

D. Correct amount of traction weight on fracture

In Buck's extension traction, safety hinges on a sturdy, intact traction system because the limb is held under continuous pull to align the fracture. A frayed rope near the pulleys is the most critical safety issue because it signals imminent mechanical failure. If the rope were to snap or slip, the traction could be lost suddenly or the weight could drop, causing abrupt movement of the leg, potential skin injury from the weight or hardware, and possible displacement or worsening of the fracture. This is an immediate threat to the child's safety and requires prompt action—stop traction, replace the rope and inspect the pulley system, and ensure the weight and line are secure. Other observations are important for ongoing care but do not present the same immediate danger. Skin dryness from removing the foam wraps and boot is a skin-care concern that can be managed with proper moisturizing and re-wrapping as needed. Alignment of the shoulder, hips, and knees is essential to prevent contractures and ensure proper healing, but it is monitored continuously rather than presenting an acute hazard. The correct amount of traction weight is critical for effective treatment and patient safety overall, but the system's compromised rope presents a clear, urgent risk that overrides other safety considerations.

7. During a Tet spell while obtaining a blood specimen, which action should the nurse take first?

A. Obtain a prescription for sedation for the child

B. Assess for an irregular heart rate and rhythm

C. Explain to the child that it will only hurt for a short time

D. Place the child in a knee-to-chest position

During a Tet spell, the priority is to relieve the cyanosis quickly by increasing systemic vascular resistance and reducing the right-to-left shunt through the ventricular septal defect. Placing the child in a knee-to-chest position achieves this immediately, enhancing pulmonary blood flow and oxygenation. This quick, noninvasive maneuver is faster than waiting for sedation, and it directly addresses the hemodynamic change occurring during the spell. After positioning, provide oxygen if available, keep the child calm, and monitor vital signs to ensure stabilization.

8. Which measure is NOT recommended to reduce the risk of sudden infant death syndrome (SIDS)?

A. Maintain a smoke-free environment

B. Use a wedge for side-lying positions

C. Breast-feed the baby

D. Place the baby on his or her back to sleep

Safe sleep practices focus on creating a stable, flat, and hazard-free sleep environment and avoiding positions or devices that increase suffocation risk. The strongest protective measure is placing the infant on the back to sleep on a firm surface, which consistently reduces SIDS risk. Breastfeeding and keeping the baby in a smoke-free environment also contribute to lower risk. Using a wedge or positioning the infant on the side with a wedge is not recommended because it creates an unstable sleep surface and can allow the baby to roll into a face-down position or shift the device, increasing the chance of suffocation. There is no demonstrated safety or benefit to side-lying with a wedge, whereas back-to-sleep on a firm surface remains the evidence-supported practice.

9. A 10-year-old with leukemia is taking immunosuppressive drugs. To maintain health, the nurse should instruct the child and parents to:

A. Continue with immunizations

B. Not receive any live attenuated vaccines

C. Receive vitamin and mineral supplements

D. Stay away from peers

When the immune system is suppressed by leukemia treatment and immunosuppressive drugs, vaccines that contain live, attenuated organisms can cause actual infection rather than protect against it. The safest approach for a child on immunosuppressive therapy is to avoid giving any live attenuated vaccines during treatment and until immune function has recovered, with timing decided by the oncologist. Inactivated vaccines may be considered later if approved, but the live ones pose a real risk now. This doesn't mean the child can't receive protection from vaccines entirely—it's about choosing the vaccines that don't contain live organisms and following the clinician's guidance on timing. Supporting health also involves good nutrition and preventive practices, like hand hygiene and minimizing exposure to sick contacts, while ensuring household members are current with their vaccines to help protect the child.

10. 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.

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!