

NEET PEDIATRICS PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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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 percentage of weight loss is considered physiological for preterm infants?**
 - A. 5%
 - B. 10%
 - C. 15%
 - D. 20%

- 2. What does a persistent Moro reflex in an infant suggest?**
 - A. Healthy neurological development
 - B. Possible cerebral palsy
 - C. Normal reflex response
 - D. Increased muscle tone

- 3. Which infection is known to cause nephrotic syndrome?**
 - A. Malaria
 - B. Syphilis
 - C. Hepatitis B
 - D. All of the above

- 4. Which vaccine is classified as a recombinant vaccine?**
 - A. Diphtheria Vaccine
 - B. HPV Vaccine
 - C. Hepatitis B Vaccine
 - D. Measles Vaccine

- 5. What gene is associated with Limb-Girdle Muscular Dystrophy?**
 - A. dystrophin
 - B. sacroglycan
 - C. laminin
 - D. myogenin

- 6. A newborn presents with a common epidermal condition characterized by small, white cysts on the face. What is this condition?**
- A. Cutis marmorata
 - B. Congenital dermal melanocytosis
 - C. Milia
 - D. Neonatal acne
- 7. What is the primary component of foremilk?**
- A. Fat
 - B. Carbohydrates
 - C. Water
 - D. Protein
- 8. Which of the following conditions can contribute to SGA status?**
- A. Maternal smoking
 - B. Placental insufficiency
 - C. Both A and B
 - D. None of the above
- 9. What medical procedure is often needed after a Pott shunt to further manage pulmonary blood flow?**
- A. Fontan procedure
 - B. Glenn procedure
 - C. Norwood procedure
 - D. Rastelli procedure
- 10. What characteristic is noted in patients with transposition of the great arteries?**
- A. Cyanotic oligemia
 - B. Heart murmurs
 - C. Coronary artery anomalies
 - D. Hypotension

Answers

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

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Explanations

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1. What percentage of weight loss is considered physiological for preterm infants?

- A. 5%
- B. 10%
- C. 15%**
- D. 20%

In preterm infants, a weight loss of up to 10% is often considered physiological and typical during the first few days of life. This is due to a variety of factors including the transition from intrauterine to extrauterine life, changes in fluid balance, and feeding practices. Weight loss beyond this threshold, particularly up to 15% or more, may indicate potential issues such as inadequate feeding or other clinical concerns requiring further evaluation. Thus, a weight loss of 15% is above the physiological range for preterm infants and should raise awareness among caregivers and healthcare professionals to monitor the infant more closely. While an infant may lose weight naturally as part of this transition, significant or unexpected weight loss can lead to complications, so it is crucial to distinguish between normal variations and concerning trends in weight loss for this vulnerable population.

2. What does a persistent Moro reflex in an infant suggest?

- A. Healthy neurological development
- B. Possible cerebral palsy**
- C. Normal reflex response
- D. Increased muscle tone

A persistent Moro reflex in an infant suggests potential neurological concerns, such as the possibility of cerebral palsy. The Moro reflex, also known as the startle reflex, is a normal part of infant development, typically observed in newborns and diminishing over the first few months of life. If this reflex persists beyond the expected time frame, it may indicate underlying neurological issues. In cases of cerebral palsy, the infant may exhibit abnormal muscle tone, motor function difficulties, or other developmental delays. The sustained presence of the reflex beyond six months could signal that the infant's neurodevelopment is not progressing typically, prompting further examination and possibly indicating a risk for conditions like cerebral palsy. While the Moro reflex is a normal reflex response in a newborn, its persistence hints at a deviation from normal developmental milestones, which is the reason why it's an important indicator for pediatricians monitoring an infant's growth and neurological health.

3. Which infection is known to cause nephrotic syndrome?

- A. Malaria
- B. Syphilis
- C. Hepatitis B
- D. All of the above**

Nephrotic syndrome is characterized by significant proteinuria, hypoalbuminemia, and edema, often as a result of underlying diseases or infections. In this context, several infections, including malaria, syphilis, and hepatitis B, have been associated with nephrotic syndrome. Malaria can lead to kidney complications, including nephrotic syndrome, due to the immune response and damage resulted from the parasitic infection affecting kidney function. Syphilis has renal complications that can manifest as glomerulonephritis, which, in some cases, may progress to nephrotic syndrome. The systemic effects of syphilis can lead to various forms of kidney dysfunction. Hepatitis B is another viral infection associated with kidney issues, including membranous nephropathy, which can result in nephrotic syndrome. The virus can trigger immune-mediated damage to the glomeruli. Given that all three infections are known to potentially lead to nephrotic syndrome through different mechanisms, this highlights the multifaceted ways in which systemic infections can impact kidney health. Therefore, acknowledging that each of these infections can contribute to the development of nephrotic syndrome makes the selection of all of the above as the correct answer valid.

4. Which vaccine is classified as a recombinant vaccine?

- A. Diphtheria Vaccine
- B. HPV Vaccine
- C. Hepatitis B Vaccine**
- D. Measles Vaccine

The hepatitis B vaccine is classified as a recombinant vaccine because it is produced through recombinant DNA technology. In this process, a gene that encodes a specific protein from the hepatitis B virus is inserted into yeast or other cells, which then produce the viral protein. This protein is harvested and purified, and it serves as the active ingredient in the vaccine. When administered, it stimulates the immune system to recognize the hepatitis B virus and mount a defense against it, leading to immunity without exposing the individual to the actual virus. Recombinant vaccines are particularly advantageous because they are safe and can elicit a strong immune response while avoiding the risks associated with using live or inactivated pathogens. This technology has revolutionized vaccine development, promoting the production of effective vaccines using genetic engineering methods. Other vaccines listed, such as diphtheria and measles vaccines, are typically inactivated or live attenuated, while the HPV vaccine, although it can have components that are recombinant, is a combination of recombinant techniques and viral-like particles. The unique aspect of the hepatitis B vaccine as a purely recombinant product distinguishes it clearly in this context.

5. What gene is associated with Limb-Girdle Muscular Dystrophy?

- A. dystrophin
- B. sarcoglycan
- C. laminin**
- D. myogenin

Limb-Girdle Muscular Dystrophy (LGMD) is a group of inherited conditions that primarily affect the muscles around the pelvis and shoulders. The gene associated with this condition plays a crucial role in muscle structure and function. The correct answer is laminin, which is a key component of the extracellular matrix and critical for muscle cell adhesion and overall structural integrity. Laminins are proteins that help in the formation and stabilization of the muscle fiber structure. Mutations in the genes encoding different types of laminin can disrupt normal muscle development and maintenance, leading to the muscle weakness characteristic of LGMD. While dystrophin, sarcoglycans, and myogenin are all important in the context of muscle health and function, they are primarily associated with other specific types of muscular dystrophies. Dystrophin is notably linked with Duchenne muscular dystrophy, sarcoglycans are involved in alpha-sarcoglycan muscular dystrophy, and myogenin plays a role in muscle differentiation but is not specifically associated with LGMD. Therefore, understanding the function of laminin highlights its direct relevance to Limb-Girdle Muscular Dystrophy.

6. A newborn presents with a common epidermal condition characterized by small, white cysts on the face. What is this condition?

- A. Cutis marmorata
- B. Congenital dermal melanocytosis
- C. Milia**
- D. Neonatal acne

The condition characterized by small, white cysts on the face of a newborn is known as milia. Milia are tiny keratin-filled cysts that often appear on the cheeks, nose, and forehead of infants. They occur when skin flakes become trapped in small pockets near the surface of the skin, and they are particularly common in newborns. Milia are harmless and usually resolve on their own without any treatment within a few weeks to months. The appearance of these cysts in newborns is quite common and is often mistaken for other conditions, but their distinct presentation makes them easily identifiable. In contrast, cutis marmorata refers to a lacy, mottled appearance of the skin that may be seen in newborns, particularly in response to temperature changes, rather than small white cysts. Congenital dermal melanocytosis, often referred to as Mongolian spots, presents as blue-gray or bruise-like patches on the skin but does not form cysts. Neonatal acne, which occurs due to maternal hormones affecting the infant's sebaceous glands, can lead to lesions that may resemble acne at a later stage, but it does not present as milia. This distinction highlights why milia is the correct identification for the

7. What is the primary component of foremilk?

- A. Fat
- B. Carbohydrates
- C. Water**
- D. Protein

Foremilk is the initial milk that a breastfeeding mother produces at the start of a feeding session. Its primary characteristic is that it is more watery and lower in fat content compared to hindmilk, which follows later during the same feeding. This watery consistency of foremilk is beneficial because it helps to quench the infant's thirst and provides essential hydration. While foremilk does contain fat, protein, and carbohydrates, the predominant component is water. This makes it essential for hydration and sets a foundation for the baby to gradually receive the richer nutrients found in hindmilk, which is creamier and higher in fat. Understanding this composition helps to explain why foremilk is so crucial in feeding—allowing infants to first hydrate before receiving the higher calorie content necessary for growth.

8. Which of the following conditions can contribute to SGA status?

- A. Maternal smoking
- B. Placental insufficiency
- C. Both A and B**
- D. None of the above

Small for Gestational Age (SGA) status refers to infants whose birth weight is below the 10th percentile for their gestational age. Several factors can contribute to this condition, with both maternal smoking and placental insufficiency being significant contributors. Maternal smoking is known to negatively impact fetal growth. The chemicals in cigarettes can restrict blood flow to the placenta and disrupt the exchange of nutrients and oxygen, ultimately leading to reduced fetal growth and resulting in SGA status. Placental insufficiency occurs when the placenta is unable to deliver adequate nutrients and oxygen to the growing fetus. This can stem from various issues, including maternal health conditions, placental abnormalities, or various environmental factors. When placental insufficiency is present, it impairs the fetus's ability to grow properly, increasing the risk of being born small for gestational age. Thus, both maternal smoking and placental insufficiency are recognized contributors to SGA status, making the combination of these two factors a significant concern in prenatal care.

9. What medical procedure is often needed after a Pott shunt to further manage pulmonary blood flow?

- A. Fontan procedure
- B. Glenn procedure**
- C. Norwood procedure
- D. Rastelli procedure

The Glenn procedure is commonly needed after a Pott shunt to further manage pulmonary blood flow. The Pott shunt, which creates a connection between the pulmonary artery and the aorta, can provide temporary relief for certain congenital heart defects by improving blood flow to the lungs. However, this shunt usually does not provide sufficient long-term management of pulmonary blood flow, especially in patients with complex defects like those seen in single ventricle physiology. The Glenn procedure serves as a subsequent step that helps create a more effective pathway for deoxygenated blood from the upper body to reach the lungs directly. In essence, it connects the superior vena cava to the pulmonary artery, allowing for better oxygenation of blood. This procedure is particularly beneficial for patients who may have undergone prior surgeries, such as the Pott shunt, and need additional support for their pulmonary circulation. Other procedures listed, such as the Fontan, Norwood, and Rastelli procedures, address different aspects of congenital heart defects but are not typically the next step following a Pott shunt for the specific purpose of managing pulmonary blood flow.

10. What characteristic is noted in patients with transposition of the great arteries?

- A. Cyanotic oligemia**
- B. Heart murmurs
- C. Coronary artery anomalies
- D. Hypotension

Transposition of the great arteries (TGA) is a congenital heart defect where the aorta and pulmonary artery are swapped, leading to two separate circulatory systems. In this condition, oxygen-poor blood is circulated through the body while oxygen-rich blood returns to the lungs. This results in profound hypoxia and cyanosis, which is a blue discoloration of the skin due to lack of oxygen in the blood. Cyanosis is a notable characteristic of TGA, as the mixing of oxygenated and deoxygenated blood is limited, particularly in the absence of significant shunting through other cardiac defects (like ASD or VSD) that sometimes coexist with TGA. Oligemia, or reduced blood flow to parts of the lungs, may also be noted due to the inadequate oxygenation of the blood. While heart murmurs can occur as a result of associated conditions or structural anomalies, they are not a defining feature of TGA itself. Similarly, although coronary artery anomalies can be present in congenital heart defects, they are not specifically associated with transposition of the great arteries. Hypotension is also not a classic finding in TGA; patients may present with normal or even elevated blood pressures depending on their clinical status. Thus, cyanotic

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://neetpediatrics.examzify.com>

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

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