

# Neonatal/Pediatric Specialist (NPS) 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. For a conscious child who appears to be choking, the immediate response would be to**
  - A. Administer chest thrusts**
  - B. Administer back blows**
  - C. Administer abdominal thrusts**
  - D. Reposition the head and attempt manual ventilation**
  
- 2. Which method of anesthetic administration could induce respiratory depression in an infant?**
  - A. Local**
  - B. Epidural**
  - C. General**
  - D. Spinal**
  
- 3. A pregnant mother reports that October 16th was the first day of her last menstrual period. What is her baby's due date?**
  - A. January 9**
  - B. March 31**
  - C. July 23**
  - D. September 16**
  
- 4. Which tube size is typically selected for a 12-year-old child during elective intubation according to common pediatric practice?**
  - A. 3.0 mm ID**
  - B. 5.5 mm ID**
  - C. 7.0 mm ID**
  - D. 8.5 mm ID**
  
- 5. Which finding is NOT consistent with bronchopulmonary dysplasia?**
  - A. Thermal instability**
  - B. Tachypnea**
  - C. Persistent cyanosis**
  - D. Retractions**

- 6. Which system is used to deliver ribavirin as a small particle aerosol to pediatric patients with bronchiolitis?**
- A. Ultrasonic nebulizer**
  - B. Small volume nebulizer**
  - C. Continuous medication nebulizer**
  - D. Small particle aerosol generator**
- 7. Which artery is used to assess a pulse in an infant?**
- A. brachial artery**
  - B. radial artery**
  - C. carotid artery**
  - D. temporal artery**
- 8. Which two congenital defects are cited as cyanotic conditions in newborns?**
- A. 1 and 3 only**
  - B. 2 and 4 only**
  - C. 1 and 2 only**
  - D. 1 and 4 only**
- 9. A pleural effusion is best demonstrated by**
- A. Two right-angle radiographs**
  - B. PA and AP films**
  - C. A lateral decubitus film**
  - D. A lateral neck film**
- 10. A neonate on CPAP via nasal prongs at 5 cmH<sub>2</sub>O; the high-pressure alarm is sounding. Which of the following sets of conditions could cause this?**
- A. 1 and 2 only**
  - B. 1 and 3 only**
  - C. 3, 4 and 5 only**
  - D. 1, 3, 4 and 5 only**

## Answers

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

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## **Explanations**

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**1. For a conscious child who appears to be choking, the immediate response would be to**

**A. Administer chest thrusts**

**B. Administer back blows**

**C. Administer abdominal thrusts**

**D. Reposition the head and attempt manual ventilation**

When someone is conscious and choking, the priority is to expel the object quickly by creating a strong force that pushes air out of the lungs. Abdominal thrusts achieve this by delivering a quick, upward squeeze with the hands placed above the navel. That sudden increase in airway pressure helps pop the obstruction out of the trachea, making it the most effective first-line maneuver for a conscious child older than 1 year. Back blows can be helpful in infants or used in combination if needed, but for a typical conscious child, abdominal thrusts are more likely to dislodge the blockage efficiently. Chest thrusts are reserved for situations where abdominal thrusts aren't feasible (such as pregnancy or certain injuries in the patient) and aren't the standard first choice for a conscious child. Repositioning the head and attempting manual ventilation would not clear the blockage and could waste precious time. If the obstruction isn't relieved promptly, continue with abdominal thrusts and seek emergency help, and if the child becomes unresponsive, begin CPR.

**2. Which method of anesthetic administration could induce respiratory depression in an infant?**

**A. Local**

**B. Epidural**

**C. General**

**D. Spinal**

The key idea is how anesthesia can suppress a baby's breathing. General anesthesia depresses the brainstem's respiratory drive and often requires airway management with endotracheal intubation. In infants, whose respiratory control is immature and who have high oxygen needs, this can lead to slowed breathing, occasional apnea, and reduced ability to respond to CO<sub>2</sub> or airway obstruction. In addition, the muscle relaxation used during general anesthesia and the lingering effects of anesthetic agents can cause hypoventilation or apnea after emergence. Local anesthesia stays at the site with minimal systemic effects, so it doesn't typically depress respiration. Epidural anesthesia provides regional numbness with limited systemic impact; it can cause hypotension but not usually respiratory depression. Spinal anesthesia can occasionally affect respiration if a very high block occurs, but under standard practice it's less likely to cause respiratory depression than full general anesthesia. So, the method most likely to induce respiratory depression in an infant is general anesthesia due to its widespread CNS and airway effects.

3. A pregnant mother reports that October 16th was the first day of her last menstrual period. What is her baby's due date?
- A. January 9
  - B. March 31
  - C. July 23**
  - D. September 16

Estimating the due date uses Naegele's rule, which calculates the expected date from the first day of the last menstrual period. Take the LMP, add 1 year, subtract 3 months, and add 7 days. With an LMP of October 16, that becomes October 16 of the next year, then July 16, and finally July 23. So the due date is July 23. Another common way to think of it is 40 weeks (280 days) from the LMP, which also lands on July 23.

4. Which tube size is typically selected for a 12-year-old child during elective intubation according to common pediatric practice?
- A. 3.0 mm ID
  - B. 5.5 mm ID
  - C. 7.0 mm ID**
  - D. 8.5 mm ID

Sizing an endotracheal tube in a child is guided by estimating tracheal diameter from age. For uncuffed tubes, the common rule is  $ID = (\text{age in years} / 4) + 4$ . Plugging in a 12-year-old gives about 7 mm. In practice, older children and adolescents often use a tube around 7.0 mm, with some variation if a cuffed tube is chosen (roughly 6.5-7.0 mm). This size balances a secure airway with minimizing traumatic injury and excessive airway resistance. A tube around 3.0 mm is far too small for a 12-year-old and would severely impede ventilation. A size near 5.5 mm is also too small for this age. An 8.5 mm tube is likely too large, risking trauma or inability to pass. So 7.0 mm is the best fit given typical practice for a child of this age.

5. Which finding is NOT consistent with bronchopulmonary dysplasia?
- A. Thermal instability**
  - B. Tachypnea
  - C. Persistent cyanosis
  - D. Retractions

Bronchopulmonary dysplasia presents as a chronic lung injury in preterm infants, with ongoing respiratory distress and impaired gas exchange. The features you'd expect reflect this increased work of breathing and oxygen need: tachypnea from the effort to ventilate stiff or damaged lungs, persistent cyanosis due to limited oxygenation, and retractions from airway resistance and chest wall effort. Thermal instability, on the other hand, isn't a characteristic finding of BPD. It more often points to systemic issues like infection or metabolic problems and would lead you to look for sepsis or other causes of temperature instability. So, while the respiratory signs fit BPD, thermal instability does not.

**6. Which system is used to deliver ribavirin as a small particle aerosol to pediatric patients with bronchiolitis?**

- A. Ultrasonic nebulizer**
- B. Small volume nebulizer**
- C. Continuous medication nebulizer**
- D. Small particle aerosol generator**

Delivering ribavirin effectively to bronchiolitis requires a device that creates very small inhaled particles so the medicine can reach the tiny airways in the infant's lungs. A small particle aerosol generator is designed to produce aerosols in the 1-3 micron range, which allows deeper penetration into the distal bronchioles rather than depositing largely in the upper airways. That deeper deposition is crucial for therapeutic effect in RSV-related bronchiolitis. Other devices tend to produce larger particles that deposit earlier in the airways and don't reach the small airways as efficiently, making them less suitable for this treatment.

**7. Which artery is used to assess a pulse in an infant?**

- A. brachial artery**
- B. radial artery**
- C. carotid artery**
- D. temporal artery**

In infants, the pulse is most reliably assessed at the brachial artery because it lies close to the surface in the upper arm and is large enough to feel clearly even in a small infant. The radial artery, while used in older children and adults, is often too small to palpate reliably in neonates. The carotid artery is not favored for routine checks in infants due to the risk of discomfort or vagal responses and its location makes it less practical in a healthy infant. The temporal artery is not a practical or reliable site in newborns because it's harder to access and its pulse is less dependable in very young patients. So the brachial artery provides the most dependable, accessible pulse assessment in infants.

**8. Which two congenital defects are cited as cyanotic conditions in newborns?**

- A. 1 and 3 only**
- B. 2 and 4 only**
- C. 1 and 2 only**
- D. 1 and 4 only**

Cyanosis in newborns with congenital heart disease happens when deoxygenated blood mixes into the systemic circulation, usually through a right-to-left shunt or mixing of blood. Tetralogy of Fallot and Transposition of the great arteries are the classic cyanotic defects seen at birth because they create or require mixing to sustain systemic oxygenation, leading to visible blue coloring early in life. The other listed defects typically cause left-to-right shunts or increased pulmonary blood flow without early systemic desaturation, so they are not cyanotic in the newborn period. Therefore, the two cyanotic defects described are Tetralogy of Fallot and Transposition of the great arteries, which is why the option including those two is the best choice.

**9. A pleural effusion is best demonstrated by**

- A. Two right-angle radiographs
- B. PA and AP films
- C. A lateral decubitus film**
- D. A lateral neck film

The key idea is that pleural fluid settles in the dependent pleural space and is most easily seen when gravity is allowed to act on it. A lateral decubitus radiograph places the patient on their side, so the fluid layers between the lung and the chest wall and forms a horizontal fluid level along the dependent side. This layering makes even small volumes of free fluid visible as a distinct meniscus or fluid line that is not as readily seen on standard upright PA/AP views, where the posterior sulci can be obscured by the heart and mediastinal structures. The other approaches are less sensitive for small effusions: upright chest views can miss small amounts, and a lateral neck film does not evaluate the chest for pleural fluid. The lateral decubitus view specifically enhances detection by exploiting gravity to reveal the fluid layer.

**10. A neonate on CPAP via nasal prongs at 5 cmH<sub>2</sub>O; the high-pressure alarm is sounding. Which of the following sets of conditions could cause this?**

- A. 1 and 2 only
- B. 1 and 3 only
- C. 3, 4 and 5 only**
- D. 1, 3, 4 and 5 only

A high-pressure alarm on CPAP means airway pressure is rising above what the set CPAP level would produce, usually from increased resistance in the airway or circuit, or from reduced compliance in the lungs. In a neonate with nasal CPAP, this can happen when there's airway obstruction or increased resistance such as secretions or mucus plugging, when the patient coughs or gags which transiently raises intrathoracic pressure, or when the delivery tubing or nasal prongs are kinked, occluded, or not fitting well, all of which make it harder for air to flow and push the pressure up. These scenarios are the ones that elevate the measured pressure and trigger the alarm. By contrast, issues that cause leaks or disconnections tend to lower the pressure or create a low-pressure alarm rather than a high-pressure one. So the best-fitting set includes those conditions that increase resistance in the airway or circuit.

## 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://neonatalpediaspecialist.examzify.com>**

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

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