

PAEA Pediatrics End of Rotation (EOR) Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of questions,

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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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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!

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Questions

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- 1. What is the most common treatment for an indirect inguinal hernia?**
 - A. Observation only**
 - B. Manual reduction followed by surgical correction**
 - C. Medication and physical therapy**
 - D. Complete open surgery without reduction**
- 2. Which test is a clinical indicator for elevated inflammation in juvenile idiopathic arthritis?**
 - A. Complete blood count (CBC)**
 - B. C-reactive protein (CRP)**
 - C. Blood glucose level**
 - D. Serum electrolytes**
- 3. How long must symptoms of ADHD be present in order to meet diagnostic criteria?**
 - A. At least 3 months**
 - B. At least 6 months**
 - C. At least 9 months**
 - D. At least 12 months**
- 4. What is the most common type of conjunctivitis seen in children?**
 - A. Allergic conjunctivitis**
 - B. Bacterial conjunctivitis**
 - C. Viral conjunctivitis**
 - D. Fungal conjunctivitis**
- 5. Which of the following is a symptom of viral conjunctivitis?**
 - A. Bilateral eye itching**
 - B. Copious watery eye discharge**
 - C. Purulent eye discharge**
 - D. Significant visual changes**

6. Which treatment is suggested for infants diagnosed with gastroesophageal reflux disease that have persistent symptoms?

- A. Antibiotics**
- B. H2 blockers or PPIs**
- C. Increasing fluid intake**
- D. Monitoring only**

7. Which type of cutaneous drug eruption occurs within minutes to hours after drug administration?

- A. Exanthematous rash**
- B. Urticarial or angioedema**
- C. Erythema multiforme**
- D. Stevens-Johnson Syndrome**

8. Which treatment is commonly used for allergic conjunctivitis?

- A. Topical antibiotics**
- B. Oral steroids**
- C. Topical antihistamines**
- D. Cool compresses**

9. What is the most common cause of hypothyroidism in children?

- A. Acute thyroiditis**
- B. Congenital hypothyroidism**
- C. Chronic lymphocytic thyroiditis**
- D. Idiopathic hyperthyroidism**

10. Which treatment is suitable for treating diaper rash caused by Candida?

- A. Oral antibiotics**
- B. Topical antifungal agents**
- C. Hydrocortisone cream**
- D. Saline compresses**

Answers

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

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Explanations

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1. What is the most common treatment for an indirect inguinal hernia?

- A. Observation only
- B. Manual reduction followed by surgical correction**
- C. Medication and physical therapy
- D. Complete open surgery without reduction

The most common treatment for an indirect inguinal hernia is manual reduction followed by surgical correction. Indirect inguinal hernias are typically diagnosed in infants and children, and they occur due to a congenital weakness in the abdominal wall where the processus vaginalis fails to close. In many cases, if the hernia is reducible, it can often be manually pushed back into the abdominal cavity. However, this is not a definitive solution, and surgical intervention is crucial to prevent complications, such as incarceration or strangulation of the hernia. Surgery is often performed to repair the hernia effectively, ensuring that the weakness in the abdominal wall is addressed to prevent recurrence. Manual reduction offers a temporary measure to alleviate symptoms and reduce the hernia, but it is the subsequent surgical correction that represents the standard approach to achieving a long-term resolution. In cases where the hernia cannot be reduced or shows signs of complications, surgical intervention would be indicated more urgently. Other treatments, such as observation, may be appropriate in asymptomatic cases, particularly in very young infants; however, surgical correction is often recommended due to the risk of complications associated with indirect inguinal hernias. Thus, while there are different pathways for management based on the clinical

2. Which test is a clinical indicator for elevated inflammation in juvenile idiopathic arthritis?

- A. Complete blood count (CBC)
- B. C-reactive protein (CRP)**
- C. Blood glucose level
- D. Serum electrolytes

C-reactive protein (CRP) is a protein produced by the liver in response to inflammation. In juvenile idiopathic arthritis (JIA), which is characterized by chronic inflammation of the joints, elevated levels of CRP are often found during flares of the disease. This makes CRP a useful clinical indicator for assessing the level of inflammation and disease activity in patients with JIA. Monitoring CRP levels can help guide the treatment decisions and evaluate the effectiveness of the therapy being used. In contrast, a complete blood count (CBC) may provide some information about the overall hemoglobin levels and white cell count, but it is not as specific for inflammation as CRP. Blood glucose levels and serum electrolytes do not serve as indicators for inflammation in JIA and are irrelevant for assessing the inflammatory status of the disease. Thus, CRP is a direct marker of inflammation and is the most appropriate choice for indicating elevated inflammation in juvenile idiopathic arthritis.

3. How long must symptoms of ADHD be present in order to meet diagnostic criteria?

- A. At least 3 months**
- B. At least 6 months**
- C. At least 9 months**
- D. At least 12 months**

To meet the diagnostic criteria for Attention-Deficit/Hyperactivity Disorder (ADHD), symptoms must be present for at least 6 months. This duration is essential as it allows for the differentiation between typical developmental behaviors and those that are indicative of ADHD. The symptoms must be pervasive, affecting multiple settings such as home, school, and social situations, and the 6-month timeframe helps to ensure that the patterns of behavior observed are not transient or situational. This 6-month criterion helps clinicians to confirm that the symptoms are not an isolated occurrence and that they indeed represent a consistent pattern that can significantly impair the child's functioning in various aspects of life. Accurate diagnosis is crucial for ensuring that individuals receive the appropriate interventions and support needed for managing ADHD.

4. What is the most common type of conjunctivitis seen in children?

- A. Allergic conjunctivitis**
- B. Bacterial conjunctivitis**
- C. Viral conjunctivitis**
- D. Fungal conjunctivitis**

Viral conjunctivitis is indeed the most common type of conjunctivitis seen in children. This condition is often caused by adenoviruses and is highly contagious. The presentation typically includes redness of the eye, watery discharge, and may be associated with other viral symptoms such as upper respiratory infections. Additionally, viral conjunctivitis usually has a self-limited course, resolving without treatment, which is an important consideration for management. It is particularly common among school-aged children due to their close contact in group settings, making it easier for the virus to spread. Other forms of conjunctivitis, such as bacterial or allergic conjunctivitis, also occur but are not as prevalent. Bacterial conjunctivitis often presents with purulent discharge and may require antibiotic treatment, while allergic conjunctivitis is associated with itchy eyes and is triggered by allergens, rather than infections. Fungal conjunctivitis is quite rare in the pediatric population and typically occurs under specific conditions, such as trauma or exposure to certain environments. Thus, the high incidence and contagious nature of viral conjunctivitis solidify its status as the most common type encountered among children.

5. Which of the following is a symptom of viral conjunctivitis?

- A. Bilateral eye itching**
- B. Copious watery eye discharge**
- C. Purulent eye discharge**
- D. Significant visual changes**

Bilateral eye itching is a common symptom associated with viral conjunctivitis. This condition often presents with a watery discharge from the eyes, typically seen in cases caused by adenoviruses. The discharge is copious and can be very watery rather than yellow or green, which is more characteristic of bacterial conjunctivitis. In addition to the watery discharge, patients may also experience red eyes, mild ocular irritation, and often both eyes are affected, which reinforces its viral nature. Notably, while significant visual changes can occur in some eye conditions, they are not typically associated with viral conjunctivitis. This type of conjunctivitis generally does not cause drastic visual impairment, as it primarily affects the conjunctiva and does not involve deeper structures of the eye. Purulent discharge tends to suggest a bacterial origin rather than a viral one, further distinguishing the nature of the discharge seen in viral conjunctivitis. Thus, the copious watery eye discharge is the defining symptom related to viral conjunctivitis in this context.

6. Which treatment is suggested for infants diagnosed with gastroesophageal reflux disease that have persistent symptoms?

- A. Antibiotics**
- B. H2 blockers or PPIs**
- C. Increasing fluid intake**
- D. Monitoring only**

For infants diagnosed with gastroesophageal reflux disease (GERD) who exhibit persistent symptoms, the suggested treatment involves the use of H2 blockers or proton pump inhibitors (PPIs). These medications are effective in reducing gastric acidity, thereby minimizing symptoms such as regurgitation and discomfort associated with reflux. H2 blockers, such as ranitidine or famotidine, and PPIs, such as omeprazole or lansoprazole, act by inhibiting stomach acid production, which can help improve symptoms and promote healing of the esophagus when inflammation is present. The use of these medications is considered especially important when lifestyle modifications and thickened feedings do not sufficiently resolve the symptoms. In contrast, while increasing fluid intake and monitoring are often initial strategies for managing mild cases of reflux, they may not adequately address the persistent symptoms seen in a more severe presentation of GERD. Antibiotics are not indicated for GERD unless there is a specific diagnosis of an underlying infection, which is uncommon in these cases. Therefore, pharmacologic intervention with H2 blockers or PPIs stands out as the appropriate treatment for persistent symptoms related to GERD in infants.

7. Which type of cutaneous drug eruption occurs within minutes to hours after drug administration?

- A. Exanthematous rash**
- B. Urticarial or angioedema**
- C. Erythema multiforme**
- D. Stevens-Johnson Syndrome**

The type of cutaneous drug eruption that occurs within minutes to hours after drug administration is characterized by immediate hypersensitivity reactions. Urticarial reactions (hives) and angioedema involve the sudden appearance of wheals, which are raised, itchy areas on the skin, as well as potential swelling of deeper layers, particularly around the eyes and lips. These reactions stem from the release of histamine and other inflammatory mediators, often in response to exposure to certain medications, such as antibiotics or analgesics. The rapid onset—typically within minutes to hours—distinguishes urticarial eruptions from other types of drug eruptions that may take longer to develop. Urticaria is associated with immediate type hypersensitivity, which involves preformed antibodies (IgE), leading to quick reactions upon re-exposure to an allergen. This contrasts with other dermatological reactions to drugs that may have delayed onset or require longer exposure before symptoms present. Therefore, recognizing the characteristics of urticarial cutaneous eruptions is crucial for prompt management and the prevention of complications.

8. Which treatment is commonly used for allergic conjunctivitis?

- A. Topical antibiotics**
- B. Oral steroids**
- C. Topical antihistamines**
- D. Cool compresses**

Topical antihistamines are commonly used to treat allergic conjunctivitis because they help alleviate symptoms associated with the allergic response. Allergic conjunctivitis is typically characterized by symptoms such as itching, redness, and swelling of the conjunctiva due to allergens like pollen or pet dander. Topical antihistamines work by blocking the action of histamine, a chemical released during an allergic reaction that contributes to these symptoms. By reducing the effects of histamine, topical antihistamines provide targeted relief, thus improving patient comfort and eye health. Other treatments like oral steroids or topical antibiotics are not primary options for allergic conjunctivitis. Oral steroids might be considered in severe cases of allergic reactions but are not the first line due to potential side effects. Topical antibiotics are used for bacterial infections rather than allergic conditions, as they do not address the underlying allergic response. Cool compresses can provide relief from symptoms like itchiness and swelling, but they do not treat the underlying allergic reaction itself. Therefore, topical antihistamines are the most appropriate choice for managing allergic conjunctivitis.

9. What is the most common cause of hypothyroidism in children?

- A. Acute thyroiditis
- B. Congenital hypothyroidism
- C. Chronic lymphocytic thyroiditis**
- D. Idiopathic hyperthyroidism

The most common cause of hypothyroidism in children is chronic lymphocytic thyroiditis, also known as Hashimoto's thyroiditis. This autoimmune condition leads to the destruction of thyroid tissue by the body's immune system, resulting in decreased production of thyroid hormones. In children, this condition can present with insufficient levels of thyroid hormones, which are critical for growth, metabolism, and development. The autoimmune nature of chronic lymphocytic thyroiditis means it is a long-term condition that can lead to persistent hypothyroidism if not managed appropriately. It is also essential to note that this condition can often arise after a period of normal thyroid function, making it crucial for parents and healthcare providers to monitor thyroid levels regularly in children, especially if symptoms suggest thyroid dysfunction. On the other hand, congenital hypothyroidism is a significant cause of hypothyroidism in newborns, but it is not as prevalent as chronic lymphocytic thyroiditis in the pediatric population as a whole. Acute thyroiditis usually does not result in chronic hypothyroidism, and idiopathic hyperthyroidism refers to an overactive thyroid gland rather than an underactive one. Thus, chronic lymphocytic thyroiditis stands out as the most common and significant cause of hypothyroidism seen in children.

10. Which treatment is suitable for treating diaper rash caused by Candida?

- A. Oral antibiotics
- B. Topical antifungal agents**
- C. Hydrocortisone cream
- D. Saline compresses

Topical antifungal agents are the appropriate treatment for diaper rash caused by Candida. This type of rash typically presents as a bright red rash with well-defined borders and often has satellite lesions (smaller red spots) surrounding the main area of irritation. The growth of Candida, a type of yeast, is facilitated in the warm, moist environment of a diaper, making antifungal treatment essential to address the underlying infection effectively. Topical antifungal medications, such as clotrimazole or miconazole, directly target the yeast responsible for the rash and help to alleviate the symptoms by reducing the fungal load and allowing the skin to heal. Unlike other treatments, topical antifungals specifically combat the Candida infection, making them the most suitable option in this scenario. Other treatments may not be effective in treating a Candida-related diaper rash. Oral antibiotics are not effective against fungal infections and could potentially worsen the condition by disrupting the normal microbial flora. Hydrocortisone cream might reduce inflammation and discomfort but does not address the fungal infection and could exacerbate the rash if used improperly. Saline compresses may provide moisture and soothing effects but will not treat the root cause of a Candida infection.

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://paeapediaicseor.examzify.com>

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

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