

PAEA PEDIATRICS END OF ROTATION (EOR) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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. Which condition is characterized by high fever, cough, coryza, conjunctivitis, and a specific rash pattern that lasts around 7 days?**
 - A. Measles
 - B. Herpangina
 - C. Rubella
 - D. Mumps
- 2. What is the standard treatment regimen for a patient aged 1 month to 18 years with bacterial meningitis?**
 - A. Ampicillin and gentamicin
 - B. Ceftriaxone and vancomycin
 - C. Vancomycin and chloramphenicol
 - D. Amoxicillin and acyclovir
- 3. Cryptorchidism is most commonly seen in which population?**
 - A. Full-term infants
 - B. Premature infants
 - C. Adolescents
 - D. Older children
- 4. What is the primary method for diagnosing foreign body aspiration?**
 - A. CT scan
 - B. X-ray
 - C. Bronchoscopy
 - D. MRI
- 5. At what age should a child be able to use 3-word sentences as a verbal milestone?**
 - A. 2 years old
 - B. 3 years old
 - C. 4 years old
 - D. 5 years old

- 6. What is the primary treatment for viral conjunctivitis?**
- A. Topical antibiotics
 - B. Supportive care with cool compresses
 - C. Oral antihistamines
 - D. Orbital corticosteroids
- 7. Which organism is the most common cause of bacterial meningitis in individuals aged 18 to 50 years?**
- A. *Neisseria meningitidis*
 - B. *Streptococcus pneumoniae*
 - C. *Haemophilus influenzae*
 - D. *Listeria monocytogenes*
- 8. What physical examination findings might be present in a patient with bulimia nervosa?**
- A. Overweight and abdominal tenderness
 - B. Teeth pitting and parotid gland hypertrophy
 - C. Low heart rate and weight gain
 - D. Muscle wasting and dehydration
- 9. At what age do female breast buds typically become palpable?**
- A. 10 years old
 - B. 11 years old
 - C. 12 years old
 - D. 13 years old
- 10. Which of the following drugs is commonly recommended as a treatment for infant colic?**
- A. Simethicone
 - B. Probiotics
 - C. Lactulose
 - D. Omeprazole

Answers

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

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Explanations

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1. Which condition is characterized by high fever, cough, coryza, conjunctivitis, and a specific rash pattern that lasts around 7 days?

A. Measles

B. Herpangina

C. Rubella

D. Mumps

The condition characterized by high fever, cough, coryza (runny nose), conjunctivitis, and a specific rash pattern lasting around 7 days is measles. Measles is a viral infection caused by the measles virus, and it is known for its distinctive clinical presentation. The illness typically begins with a prodrome phase where the individual experiences respiratory symptoms such as cough, alongside fever and conjunctivitis. The characteristic rash of measles follows the prodromal phase, often starting on the face and then spreading down the body. The rash is typically described as maculopapular and lasts about 4 to 7 days. The early symptoms of fever, cough, coryza, and conjunctivitis combined with the timing and nature of the rash are classic indicators of measles, distinguishing it from other viral infections. Other conditions such as herpangina, rubella, and mumps have overlapping symptoms but do not present with the same symptom pattern and timing as measles.

2. What is the standard treatment regimen for a patient aged 1 month to 18 years with bacterial meningitis?

A. Ampicillin and gentamicin

B. Ceftriaxone and vancomycin

C. Vancomycin and chloramphenicol

D. Amoxicillin and acyclovir

*The standard treatment regimen for bacterial meningitis in patients aged 1 month to 18 years typically includes the use of ceftriaxone and vancomycin. Ceftriaxone is a broad-spectrum cephalosporin antibiotic that is effective against the most common bacterial pathogens involved in meningitis, such as *Streptococcus pneumoniae* and *Neisseria meningitidis*. Combining ceftriaxone with vancomycin provides an additional layer of coverage against resistant strains of *Streptococcus pneumoniae*, which may not be adequately treated by ceftriaxone alone. This approach is particularly important in pediatric patients, where the risk of both typical and resistant organisms is significant. The use of vancomycin is essential not only to cover resistant bacteria but also to account for the potential for methicillin-resistant *Staphylococcus aureus* (MRSA) in the setting of community-acquired infections. This dual-therapy strategy helps ensure comprehensive coverage while waiting for culture results, which is crucial in the management of this potentially life-threatening condition. In contrast, other regimens, such as those that include ampicillin and gentamicin or chloramphenicol, do not offer the same level of coverage for the organisms typically responsible for meningitis.*

3. Cryptorchidism is most commonly seen in which population?

- A. Full-term infants
- B. Premature infants**
- C. Adolescents
- D. Older children

Cryptorchidism, or undescended testes, is most commonly observed in premature infants. This condition arises when one or both of the testes fail to descend into the scrotum during fetal development, which is more prevalent in those born before 37 weeks of gestation. The incidence of cryptorchidism is significantly higher in preterm neonates compared to full-term infants, primarily due to the lack of sufficient hormonal and physical factors that facilitate testicular descent. In full-term infants, the rate of cryptorchidism decreases significantly as the testicles are more likely to be descended at birth. Older children and adolescents typically present with issues related to previously undiagnosed cryptorchidism, but the condition itself originates during infancy, especially surrounding birth periods in those born prematurely. Therefore, understanding the relationship between gestational age and the risk of cryptorchidism highlights why premature infants are the most affected population.

4. What is the primary method for diagnosing foreign body aspiration?

- A. CT scan
- B. X-ray
- C. Bronchoscopy**
- D. MRI

The primary method for diagnosing foreign body aspiration is bronchoscopy. This procedure allows for direct visualization of the airway and enables the clinician to see and potentially retrieve the foreign object. It is especially beneficial because some foreign bodies may not be easily identified on imaging studies like X-rays or CT scans, and bronchoscopy provides a definitive diagnosis as well as therapeutic intervention. In cases of suspected foreign body aspiration, immediate action is critical. While X-rays and CT scans can sometimes help identify radio-opaque objects and larger airway obstructions, they may not detect all foreign bodies, particularly those that are small or made of materials that do not typically show up on these imaging studies. MRI is not routinely used for this purpose, as it is not as effective for visualizing the airways compared to bronchoscopy.

5. At what age should a child be able to use 3-word sentences as a verbal milestone?

- A. 2 years old
- B. 3 years old**
- C. 4 years old
- D. 5 years old

A child typically reaches the milestone of using 3-word sentences around the age of 3 years old. This developmental stage reflects significant cognitive and linguistic growth, as children at this age begin to combine words to convey more complex ideas, ask questions, and express their thoughts clearly. By age 3, most children can articulate their needs and desires more effectively, often forming simple sentences that consist of a subject, a verb, and possibly an object. This ability enhances their communication skills, allowing them to interact more fully with their environment and understand social cues. Encouraging verbal play and interaction is vital during this period, as it supports further language development. At ages younger than 3, children may typically be limited to single words or two-word phrases, which do not yet demonstrate the ability to structure sentences in a more complex manner. By the time they reach age 4 and beyond, children usually progress to even more elaborate sentence structures, including the use of conjunctions and more descriptive language.

6. What is the primary treatment for viral conjunctivitis?

- A. Topical antibiotics
- B. Supportive care with cool compresses**
- C. Oral antihistamines
- D. Orbital corticosteroids

The primary treatment for viral conjunctivitis is supportive care with cool compresses. Viral conjunctivitis, often caused by adenoviruses, typically resolves on its own within 1 to 3 weeks. Therefore, the cornerstone of management is to relieve symptoms rather than to use specific medications that target the virus. Cool compresses can help soothe the eyes and alleviate symptoms such as redness and irritation. Patients are also advised to maintain good hygiene, such as frequent handwashing and avoiding touching the eyes, to prevent the spread of the virus. Topical antibiotics do not target viral infections and are ineffective against viral conjunctivitis, which is why they are not the correct treatment choice. Oral antihistamines may help if there is concurrent allergic conjunctivitis or prior allergic symptoms but do not address viral conjunctivitis specifically. Orbital corticosteroids are not indicated and could potentially worsen a viral infection. Thus, supportive care is the most appropriate approach for managing viral conjunctivitis.

7. Which organism is the most common cause of bacterial meningitis in individuals aged 18 to 50 years?

- A. *Neisseria meningitidis*
- B. *Streptococcus pneumoniae***
- C. *Haemophilus influenzae*
- D. *Listeria monocytogenes*

*Streptococcus pneumoniae is the most common cause of bacterial meningitis in individuals aged 18 to 50 years due to its prevalence in respiratory infections that can lead to meningitis. This organism is a leading pathogen in both children and adults, as it frequently colonizes the nasopharynx and can enter the bloodstream, subsequently reaching the central nervous system. The shift in the predominant causative organisms of bacterial meningitis in this age group is attributed to factors such as vaccination efforts, notably the introduction of the pneumococcal conjugate vaccines, which have significantly reduced the incidence of invasive infections from other common bacteria. In contrast, other organisms listed, while they can cause meningitis, are not as prevalent in this specific age group. *Neisseria meningitidis* is more commonly associated with outbreaks, often affecting younger individuals or those in communal living situations. *Haemophilus influenzae* has seen a marked decline in cases since the implementation of vaccination programs and is now infrequently a cause of meningitis in vaccinated populations. *Listeria monocytogenes* typically affects older adults and immunocompromised individuals, making it less relevant in the 18 to 50 years age demographic. This clear understanding of the epidemiological trends and the specific*

8. What physical examination findings might be present in a patient with bulimia nervosa?

- A. Overweight and abdominal tenderness
- B. Teeth pitting and parotid gland hypertrophy**
- C. Low heart rate and weight gain
- D. Muscle wasting and dehydration

In a patient with bulimia nervosa, the presence of teeth pitting and parotid gland hypertrophy is a key physical examination finding. The repeated cycles of binge eating followed by purging behaviors, such as vomiting, can lead to dental erosion due to stomach acid. This erosion manifests as enamel loss and pitting on the teeth. Additionally, the act of vomiting can cause hypertrophy of the parotid glands, which may become enlarged due to the increased demand for saliva production to help neutralize the acidity brought on by repeated exposure to gastric acid. Other potential signs of bulimia can include electrolyte imbalances and other systemic effects from purging, but the specific findings of dental changes and gland enlargement are particularly characteristic of the disorder. These physical signs help clinicians identify the disorder and provide the necessary interventions to support the patient.

9. At what age do female breast buds typically become palpable?

- A. 10 years old
- B. 11 years old**
- C. 12 years old
- D. 13 years old

Breast bud development is an important indicator of the onset of puberty in females. Typically, breast buds, which are the first sign of breast development, become palpable around the age of 11. This timing corresponds with Tanner Stage II of breast development, where estrogen-induced ductal development begins, leading to noticeable changes in the breast tissue. During this stage, girls may start to notice swelling and tenderness in the breast area. While breast development can start as early as age 9 and may vary among individuals, the average age for the palpation of breast buds is around 11 years old, making this answer the most representative of the typical onset of breast development in females.

10. Which of the following drugs is commonly recommended as a treatment for infant colic?

- A. Simethicone**
- B. Probiotics
- C. Lactulose
- D. Omeprazole

Simethicone is often utilized as a treatment for infant colic due to its ability to reduce gas and bloating in the gastrointestinal tract. Infant colic is characterized by excessive crying in infants, often associated with discomfort from gas or trapped air. Simethicone acts by lowering the surface tension of gas bubbles, allowing them to coalesce and be expelled more easily, thereby providing relief from the symptoms associated with colic. This mechanism makes simethicone a common recommendation in clinical practice for managing colic symptoms. It's important to note that while some other options may have roles in gastrointestinal discomfort or related issues, they are not specifically recommended for colic. Probiotics, for instance, have been studied for various gastrointestinal conditions and may show some benefits in certain populations, but they are not first-line treatments for colic. Lactulose is primarily a laxative and not indicated for colic. Omeprazole is a proton pump inhibitor used primarily for acid-related conditions and not as a treatment for colic.

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://paeapediatricseor.examzify.com>

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

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