

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

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
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 is the most sensitive test for diagnosing scoliosis?**
 - A. Physical examination
 - B. Cobb angle measurement
 - C. Adams forward bending test
 - D. Standard radiography
- 2. Which verbal milestone is expected for a 4-month-old infant?**
 - A. Coos and gurgles
 - B. Speaks in full sentences
 - C. Babbles with different tones
 - D. Responds to their name
- 3. What is the primary treatment approach for viral pneumonia in pediatric patients?**
 - A. Antibiotics
 - B. Supportive care
 - C. Surgical intervention
 - D. Antiviral medications
- 4. What periodic screening should children with Down syndrome receive?**
 - A. Annual hearing tests
 - B. Periodic echocardiograms and GI screenings
 - C. Annual vision tests
 - D. Periodic blood glucose checks
- 5. Which vaccine is recommended for the prevention of Hepatitis A?**
 - A. MMR vaccine
 - B. Varicella vaccine
 - C. Hepatitis B vaccine
 - D. Hepatitis A vaccine
- 6. Enuresis is typically defined as bedwetting occurring at or after what age?**
 - A. 3 years
 - B. 4 years
 - C. 5 years
 - D. 6 years

7. What is the first-line treatment for acute otitis media?

- A. Amoxicillin
- B. Augmentin
- C. Ceftriaxone
- D. Azithromycin

8. What is the best treatment for coarctation of the aorta?

- A. Medication management
- B. Surgical correction
- C. Observation
- D. Physical therapy

9. What is the recommended initial workup for suspected meningitis?

- A. X-ray
- B. CT scan
- C. Lumbar puncture
- D. Blood cultures

10. Which class of medication is commonly used as a rescue treatment during acute asthma exacerbations?

- A. Corticosteroids
- B. Long Acting Beta Agonists
- C. Short Acting Beta Agonists
- D. Mast Cell Modifiers

Answers

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

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Explanations

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1. What is the most sensitive test for diagnosing scoliosis?

- A. Physical examination
- B. Cobb angle measurement
- C. Adams forward bending test**
- D. Standard radiography

The Adams forward bending test is considered the most sensitive test for diagnosing scoliosis because it allows for visual and physical assessment of spinal alignment and asymmetry while the patient is in a dynamic position. During this test, the patient bends forward at the waist, and the examiner observes the spine for any curvature or asymmetry that may not be as apparent when standing straight. This test is particularly effective in adolescents, who are at the greatest risk for developing scoliosis as they grow. By identifying changes in the spine's position, the Adams forward bending test enables early detection of scoliosis, which is crucial for timely intervention. Other methods, such as physical examination and Cobb angle measurement, while useful, do not provide the same level of sensitivity for initial detection. Standard radiography is essential for confirming the diagnosis and assessing the degree of curvature but is less sensitive in the very initial screening phases compared to the forward bending test. Thus, the Adams forward bending test plays a vital role in early scoliosis detection through a practical and efficient approach.

2. Which verbal milestone is expected for a 4-month-old infant?

- A. Coos and gurgles
- B. Speaks in full sentences**
- C. Babbles with different tones
- D. Responds to their name

For a 4-month-old infant, the expected verbal milestone is to coo and gurgle. At this age, infants are developing their vocalization skills and typically begin to produce cooing sounds which consist of prolonged vowel sounds, along with gurgling noises. This is an important stage in language development as it indicates the infant's ability to experiment with sounds and engage in early communication. As for the other choices, they reflect developmental milestones that are generally not expected until later in infancy or toddlerhood. Speaking in full sentences is a milestone that typically emerges much later, usually around the age of 2 years. Babbles with different tones appear closer to 6 months of age when infants start to combine consonants and vowels in a more complex manner. Responding to their name is usually observed around 6 to 9 months when infants start to recognize familiar words, including their own name. At 4 months, while infants may start to show recognition of sounds, it is not developed enough for them to consistently respond to their name.

3. What is the primary treatment approach for viral pneumonia in pediatric patients?

- A. Antibiotics
- B. Supportive care**
- C. Surgical intervention
- D. Antiviral medications

The primary treatment approach for viral pneumonia in pediatric patients is supportive care. This is because viral infections typically do not respond to antibiotics, which are effective only against bacterial pathogens. In cases of viral pneumonia, the body's immune system is generally responsible for clearing the virus, so the focus is on managing symptoms and providing comfort. Supportive care may include hydration, fever management with antipyretics, oxygen therapy if necessary, and monitoring the patient closely for any signs of respiratory distress. By addressing symptoms and ensuring the patient remains stable, supportive care allows the child to recover naturally from the viral infection. While antiviral medications can be useful in specific viral infections such as influenza or respiratory syncytial virus (RSV), they are not the standard therapy for all viral pneumonias and are typically reserved for more severe cases or those at high risk for complications. Surgical intervention is rarely indicated in viral pneumonia, making supportive care the cornerstone of treatment in pediatric patients with this condition.

4. What periodic screening should children with Down syndrome receive?

- A. Annual hearing tests
- B. Periodic echocardiograms and GI screenings**
- C. Annual vision tests
- D. Periodic blood glucose checks

Children with Down syndrome require periodic echocardiograms and gastrointestinal screenings due to the higher prevalence of congenital heart defects and gastrointestinal anomalies associated with this condition. They have a significantly increased risk of conditions such as atrioventricular septal defects and duodenal atresia, which are present in a notable percentage of individuals with Down syndrome. Echocardiograms are essential for early detection and management of these heart conditions, which can impact overall health and development. Gastrointestinal screenings are also critical because issues like esophageal atresia or hiatal hernias are common and can lead to serious complications if not addressed timely. Although annual hearing tests, vision tests, and periodic blood glucose checks are important, the most critical screenings directly associated with the higher risk conditions in Down syndrome are the echocardiograms and gastrointestinal evaluations.

5. Which vaccine is recommended for the prevention of Hepatitis A?

- A. MMR vaccine
- B. Varicella vaccine
- C. Hepatitis B vaccine
- D. Hepatitis A vaccine**

The Hepatitis A vaccine is specifically designed to prevent Hepatitis A infection, which is a highly contagious liver infection caused by the Hepatitis A virus. The vaccine works by stimulating the immune system to produce antibodies against the virus, providing immunity and reducing the risk of infection if exposed to the virus. The recommendation for this vaccine is particularly strong for individuals traveling to areas where Hepatitis A is common, as well as for certain populations who are at higher risk, such as those with chronic liver disease or specific age groups. The other vaccines mentioned—MMR, Varicella, and Hepatitis B—serve entirely different purposes. The MMR vaccine protects against measles, mumps, and rubella; the Varicella vaccine protects against chickenpox; and the Hepatitis B vaccine is aimed at preventing Hepatitis B infection. These vaccines do not provide any immunity against Hepatitis A, emphasizing the necessity of the specific Hepatitis A vaccine for someone seeking to protect themselves from that particular infectious disease.

6. Enuresis is typically defined as bedwetting occurring at or after what age?

- A. 3 years
- B. 4 years
- C. 5 years**
- D. 6 years

Enuresis, commonly referred to as bedwetting, is generally defined as the involuntary discharge of urine during sleep in a child who is old enough to have developed bladder control. The standard age at which children are expected to gain complete nighttime bladder control is around 5 years old. Therefore, if bedwetting occurs at or after this age, it is classified as enuresis. Learning about age norms in child development is crucial for understanding this condition. By the age of 5, most children have achieved a degree of bladder control at night, and continued bedwetting beyond this age may indicate a need for assessment or intervention. Understanding enuresis is important not just for diagnosis, but also for addressing the social and emotional implications for children and families. Managing expectations regarding what is typical at various ages helps parents understand when this behavior is a concern and when it may be considered part of normal development.

7. What is the first-line treatment for acute otitis media?

- A. Amoxicillin**
- B. Augmentin
- C. Ceftriaxone
- D. Azithromycin

Amoxicillin is considered the first-line treatment for acute otitis media (AOM) due to its effectiveness against the most common bacterial pathogens responsible for this condition, including *Streptococcus pneumoniae* and *Haemophilus influenzae*. The majority of AOM cases are viral, but when bacterial infection is suspected, amoxicillin is recommended because it has a good safety profile, is generally well-tolerated by children, and is cost-effective. In cases where the patient presents with moderate to severe symptoms or if the child has been previously treated with amoxicillin within the past 30 days, a broader spectrum antibiotic like Augmentin may be utilized as a second-line treatment. However, for uncomplicated AOM in otherwise healthy children, amoxicillin remains the preferred choice initially. Ceftriaxone and azithromycin are typically reserved for situations where there is a penicillin allergy or treatment failure with first-line agents, making them less suitable as a first-line option for AOM. Thus, amoxicillin is the most appropriate initial therapy for this common pediatric condition.

8. What is the best treatment for coarctation of the aorta?

- A. Medication management
- B. Surgical correction**
- C. Observation
- D. Physical therapy

Surgical correction is considered the best treatment for coarctation of the aorta, particularly in cases that present with significant symptoms or when the coarctation is severe. Coarctation of the aorta is a congenital condition where there is a narrowing of the aorta, which can lead to decreased blood flow to the lower portions of the body and increased blood pressure in the upper body. Surgical intervention effectively relieves the obstruction and restores normal blood flow. This may involve resection of the narrowed segment of the aorta, possibly followed by end-to-end anastomosis, or placement of a synthetic patch to widen the narrowed area. In certain cases, less invasive techniques such as balloon angioplasty and stenting have also become options, particularly for mild to moderate cases or in older children and adults. Medication management alone does not address the underlying structural issue, making it insufficient as a long-term solution. Observation is typically reserved for mild cases where the condition may resolve on its own or in asymptomatic patients; however, it is not a definitive treatment. Physical therapy is not applicable in this context, as it does not provide any benefit for the structural abnormalities associated with coarctation of the aorta. Therefore, surgical

9. What is the recommended initial workup for suspected meningitis?

- A. X-ray
- B. CT scan**
- C. Lumbar puncture
- D. Blood cultures

In the case of suspected meningitis, a CT scan is usually performed as part of the initial workup if there are specific signs or symptoms that raise concern for increased intracranial pressure or possible mass lesions. This imaging study can help rule out conditions that may contraindicate a lumbar puncture. Although a lumbar puncture is a critical step in diagnosing meningitis by allowing for direct analysis of cerebrospinal fluid, it is typically performed after ensuring that there are no contraindications through imaging. In younger children, blood cultures may also be collected to help identify the causative organism. However, the urgency and appropriateness of a CT scan prior to lumbar puncture emphasize the importance of ruling out complications that could arise from the procedure. Therefore, understanding the clinical guidelines and the context in which a CT scan is recommended is essential for determining the initial workup in cases of suspected meningitis.

10. Which class of medication is commonly used as a rescue treatment during acute asthma exacerbations?

- A. Corticosteroids
- B. Long Acting Beta Agonists
- C. Short Acting Beta Agonists**
- D. Mast Cell Modifiers

The class of medication commonly used as a rescue treatment during acute asthma exacerbations is Short Acting Beta Agonists (SABAs). These medications work by providing rapid bronchodilation, which is essential during an acute asthma attack when patients experience wheezing, shortness of breath, and chest tightness. SABAs, such as albuterol and levalbuterol, target beta-2 adrenergic receptors in the smooth muscles of the airways, leading to relaxation and widening of the bronchial passages. The fast-acting nature of SABAs makes them particularly effective for quick relief of acute symptoms, usually within minutes of administration. This is crucial in emergency situations where immediate intervention is necessary to alleviate airway obstruction and improve respiratory function. In contrast, inhaled corticosteroids primarily serve as long-term control medications to reduce inflammation and prevent exacerbations, while long-acting beta agonists (LABAs) are designed for regular use in combination with inhaled corticosteroids for maintenance therapy and are not suitable for immediate relief. Mast cell modifiers are also not used for urgent relief of symptoms but serve to prevent symptoms by inhibiting the release of inflammatory mediators. Thus, for acute exacerbations, the preferred choice is always the rapid-acting short acting beta

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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