

# Pediatric ATI 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

- 1. As a nurse caring for a child post-myelo surgery, what is a priority in daily assessments?**
  - A. Evaluating hydration status**
  - B. Checking for infection**
  - C. Measuring head circumference**
  - D. Assessing pain levels**
- 2. What instruction should be included during discharge teaching for the guardians of a 6-month-old infant after surgery for hypospadias?**
  - A. Wait 1 week before giving the infant a tub bath.**
  - B. Apply antifungal ointment to the infant's penis.**
  - C. Avoid giving the infant fruit juice.**
  - D. Apply dry gauze dressing to the infant's penis twice daily.**
- 3. To confirm peripheral edema in a school-age child, the nurse should perform which assessment?**
  - A. Palpate the dorsum of the child's feet.**
  - B. Weigh the child daily using the same scale.**
  - C. Assess the child's skin turgor.**
  - D. Observe the child for periorbital swelling.**
- 4. When collecting a specimen from a male infant using a urine collection bag, which action is appropriate?**
  - A. Wash and dry the infant's genitalia and perineum thoroughly.**
  - B. Apply a small coating of water-soluble lubricant to the skin of the infant's perineal area.**
  - C. Avoid placing the scrotum inside the collection bag.**
  - D. Wait several hours after positioning the device before checking it.**
- 5. What adverse effect should a nurse monitor for after administering epinephrine for anaphylaxis?**
  - A. Pinpoint pupils.**
  - B. Decreased heart rate.**
  - C. Increased systolic blood pressure.**
  - D. Dry skin.**

- 6. Why is a child excused from gym class after recovering from mononucleosis?**
- A. Risk of dehydration**
  - B. Abdominal trauma**
  - C. Increased fatigue levels**
  - D. Weakened immune system**
- 7. When should the nurse advise a guardian that a child with varicella is no longer contagious?**
- A. When there are no new spots for 24 hours.**
  - B. When all lesions are scabbed.**
  - C. Once the fever resolves.**
  - D. Three days after the rash onset.**
- 8. What educational material about hemophilia should be provided to a child's family?**
- A. All physical activities are to be avoided.**
  - B. Regular check-ups are unnecessary.**
  - C. Bleeding episodes require immediate medical attention.**
  - D. Only surgery needs medical attention.**
- 9. What is an important nursing intervention for an adolescent with infective endocarditis?**
- A. Administer a migraine headache protocol**
  - B. Provide educational resources about infection control**
  - C. Assess vital signs closely for tachycardia**
  - D. Encourage participation in physical activities**
- 10. Which of the following assessments is important for a nurse monitoring an infant after myelomeningocele surgery?**
- A. Cardiac status**
  - B. Neurological status**
  - C. Skin integrity**
  - D. Urine output**



## **Answers**

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

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## **Explanations**

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**1. As a nurse caring for a child post-myelo surgery, what is a priority in daily assessments?**

- A. Evaluating hydration status**
- B. Checking for infection**
- C. Measuring head circumference**
- D. Assessing pain levels**

The priority in daily assessments for a child post-myelo surgery involves measuring head circumference. This postoperative care is particularly vital because myelomeningocele, a type of spina bifida, often leads to complications such as increased intracranial pressure, which can manifest as an increase in head circumference. Monitoring head circumference regularly provides insight into the child's neurological status and helps in the early detection of potential complications related to cerebrospinal fluid dynamics, such as hydrocephalus. Assessing hydration status, checking for infection, and evaluating pain levels are also important components of postoperative care, but measuring head circumference is specifically critical in the context of myelomeningocele surgery. It directly relates to the unique risks associated with the procedure and the potential for significant health repercussions if changes in intracranial pressure are not detected promptly.

**2. What instruction should be included during discharge teaching for the guardians of a 6-month-old infant after surgery for hypospadias?**

- A. Wait 1 week before giving the infant a tub bath.**
- B. Apply antifungal ointment to the infant's penis.**
- C. Avoid giving the infant fruit juice.**
- D. Apply dry gauze dressing to the infant's penis twice daily.**

Waiting one week before giving the infant a tub bath is appropriate discharge teaching for the guardians of a 6-month-old infant after surgery for hypospadias. After such a surgical procedure, it is essential to maintain cleanliness while minimizing the risk of infection and allowing the surgical site to heal properly. Tub baths could expose the surgical site to water and potential contaminants, which might lead to complications or infection. Hence, the guidance to wait before resuming tub baths ensures that optimal healing conditions are maintained. In contrast, applying antifungal ointment to the infant's penis or putting dressings on the penis could be inappropriate if they are not specifically part of the postoperative instructions from the healthcare provider. While avoiding fruit juice might be generally good advice for infants under one year due to potential digestive issues, it does not directly relate to post-operative care. Thus, focusing on bathing restrictions aligns closely with safeguarding the surgical area's integrity after the procedure.

**3. To confirm peripheral edema in a school-age child, the nurse should perform which assessment?**

- A. Palpate the dorsum of the child's feet.**
- B. Weigh the child daily using the same scale.**
- C. Assess the child's skin turgor.**
- D. Observe the child for periorbital swelling.**

Palpating the dorsum of the child's feet is an effective way to confirm peripheral edema. This technique allows the nurse to assess for pitting or non-pitting edema, which is a key characteristic of fluid retention in the extremities. By pressing down on the area and observing whether an indentation remains after releasing the pressure, the nurse can determine the presence and severity of the edema. Using the same scale to weigh the child daily can indicate changes in fluid retention over time, but it does not provide an immediate assessment of peripheral edema. Assessing skin turgor is more commonly used to evaluate dehydration rather than fluid overload conditions, as it involves checking the elasticity of the skin. Observing for periorbital swelling can indicate edema but is specific to the area around the eyes and does not confirm overall peripheral edema in the feet or legs. Thus, palpating the dorsum of the child's feet is the most direct method for confirming peripheral edema.

**4. When collecting a specimen from a male infant using a urine collection bag, which action is appropriate?**

- A. Wash and dry the infant's genitalia and perineum thoroughly.**
- B. Apply a small coating of water-soluble lubricant to the skin of the infant's perineal area.**
- C. Avoid placing the scrotum inside the collection bag.**
- D. Wait several hours after positioning the device before checking it.**

Washing and drying the infant's genitalia and perineum thoroughly is a critical step in the process of collecting a urine specimen using a urine collection bag. This action is essential because it helps to ensure the accuracy of the specimen by minimizing the risk of contamination. Clean genitalia prevent the introduction of bacteria or other substances that could alter the results of the urine analysis, leading to potential misdiagnosis or inappropriate treatment decisions. A thorough cleansing process removes any debris, skin cells, or contaminants that might otherwise mix with the urine sample, providing a clearer picture of the infant's urinary health. It additionally helps in preventing any irritations or infections that may arise from residual substances on the skin. The other options do not address the primary concern of obtaining a clean specimen effectively. For instance, applying lubricant may not be necessary and might introduce foreign substances into the sample. Similarly, being cautious about the scrotum is less relevant than ensuring a clean collection site, and waiting several hours before checking the device can lead to unnecessarily delayed collection and increased chances of sample contamination.

**5. What adverse effect should a nurse monitor for after administering epinephrine for anaphylaxis?**

- A. Pinpoint pupils.**
- B. Decreased heart rate.**
- C. Increased systolic blood pressure.**
- D. Dry skin.**

After administering epinephrine for anaphylaxis, it is crucial for a nurse to monitor for increased systolic blood pressure. Epinephrine is a potent adrenergic agonist that stimulates the alpha and beta-adrenergic receptors in the body. This leads to vasoconstriction, an increase in heart rate, and enhanced myocardial contractility, ultimately resulting in a rise in blood pressure. In the context of anaphylaxis, where there is a sudden and severe allergic reaction that can cause hypotension and shock, the goal of epinephrine administration is to counteract these effects. An increased systolic blood pressure indicates that the medication is effectively treating the hypotensive state caused by anaphylaxis and restoring hemodynamic stability. Monitoring for this effect is vital as it helps ensure that the patient is responding appropriately to the treatment, and allows for any necessary adjustments or interventions if elevated blood pressure leads to complications.

**6. Why is a child excused from gym class after recovering from mononucleosis?**

- A. Risk of dehydration**
- B. Abdominal trauma**
- C. Increased fatigue levels**
- D. Weakened immune system**

A child is often excused from gym class after recovering from mononucleosis primarily due to the risk of abdominal trauma. Mononucleosis, commonly caused by the Epstein-Barr virus, leads to an enlargement of the spleen, which can occur in about 50% of cases. The spleen is a vital organ involved in filtering blood and immune function, but when enlarged, it becomes more susceptible to injury. Engaging in physical activities, particularly contact sports or vigorous exercise, raises the risk of splenic rupture, which can be a serious medical emergency. This recommendation to avoid heavy exertion and contact sports helps prevent any potential complications associated with an enlarged spleen, ensuring the child's safety as they continue to recover from the illness.

**7. When should the nurse advise a guardian that a child with varicella is no longer contagious?**

- A. When there are no new spots for 24 hours.**
- B. When all lesions are scabbed.**
- C. Once the fever resolves.**
- D. Three days after the rash onset.**

For a child with varicella (chickenpox), the appropriate time to advise a guardian that the child is no longer contagious is when all lesions are scabbed. This is important because varicella is highly contagious, and the risk of transmission is highest before the rash appears and until all lesions have crusted over. Varicella is infectious from one to two days before the onset of the rash until all the vesicles have crusted. Once the lesions have completely scabbed, the child is considered no longer contagious, which signifies that the risk of transmitting the virus to others has significantly decreased. The other options may not accurately represent the most reliable time frame for determining contagiousness. For instance, having no new spots for 24 hours does not guarantee that the child is non-contagious, as scabbing of lesions is the definitive marker. Resolution of fever can occur before the contagious period is over, and a fixed timeframe like three days after rash onset does not consider the individual progression of lesions. Thus, monitoring for scabbing provides the most accurate indication of when the child is no longer contagious.

**8. What educational material about hemophilia should be provided to a child's family?**

- A. All physical activities are to be avoided.**
- B. Regular check-ups are unnecessary.**
- C. Bleeding episodes require immediate medical attention.**
- D. Only surgery needs medical attention.**

In managing hemophilia, it is crucial for families to understand that bleeding episodes require immediate medical attention. This is because hemophilia is a bleeding disorder where the blood does not clot properly, leading to an increased risk of prolonged bleeding from injuries, surgery, or even spontaneous bleeding episodes. When a child with hemophilia experiences a bleeding episode, timely intervention is essential to manage the situation effectively and prevent complications, such as joint damage or severe blood loss. Families must also be educated on recognizing signs of bleeding, understanding the specific treatment protocols for different types of bleeding episodes, and knowing when to seek emergency care. Providing this education ensures that families feel empowered to respond appropriately and quickly, reducing the risk of serious outcomes associated with untreated bleeding. The other options convey misconceptions about managing hemophilia. While some physical activities may need to be monitored, complete avoidance is not recommended; rather, tailored activities that reduce risk while promoting physical fitness are ideal. Regular check-ups are actually important for monitoring the child's condition and adjusting treatment as needed. Lastly, it's not only surgery that requires medical attention in cases of hemophilia; any bleeding episode, regardless of the cause, should be addressed by medical professionals.

**9. What is an important nursing intervention for an adolescent with infective endocarditis?**

- A. Administer a migraine headache protocol**
- B. Provide educational resources about infection control**
- C. Assess vital signs closely for tachycardia**
- D. Encourage participation in physical activities**

An important nursing intervention for an adolescent with infective endocarditis is to assess vital signs closely for tachycardia. Tachycardia can be an indication of the body's response to infection, as it reflects the heart's increased workload and may suggest the presence of systemic infection or sepsis. Monitoring vital signs helps to detect any changes in the patient's condition that require immediate intervention. Early identification of tachycardia allows for timely medical management to reduce complications associated with infective endocarditis. Assessing vital signs is crucial in this context, as changes can signal a decline in the patient's status and the need for further evaluation and treatment. By focusing on this intervention, healthcare providers can ensure that the patient receives appropriate care and monitoring to manage their condition effectively.

**10. Which of the following assessments is important for a nurse monitoring an infant after myelomeningocele surgery?**

- A. Cardiac status**
- B. Neurological status**
- C. Skin integrity**
- D. Urine output**

Monitoring neurological status is crucial after myelomeningocele surgery because this condition involves a defect in the spinal column that can lead to various neurological impairments. The surgery aims to repair this defect, and it's essential to assess for any changes in neurological function postoperatively. Neurological assessments include checking the infant's reflexes, movement, sensory responses, and signs of increased intracranial pressure, which can indicate complications such as infection or hemorrhage. Early identification of any neurological changes can prompt timely interventions to prevent further complications and optimize recovery. While assessing other aspects like cardiac status, skin integrity, and urine output are also important in the overall postoperative care of the infant, they do not specifically address the most immediate and direct concerns related to neurological function after myelomeningocele surgery. The focus on neurological status reflects the potential for significant implications on the infant's future mobility, sensory perception, and overall quality of life.



## 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://pediatricati.examzify.com>**

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