

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

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- 1. Which activity would be most appropriate for a 2-year-old child with cystic fibrosis in the playroom?**
 - A. Cutting figures from colored paper.
 - B. Drawing stick figures using crayons.
 - C. Riding a tricycle.
 - D. Building towers of blocks.

- 2. What is the most important instruction to include when teaching the family of a child with juvenile idiopathic arthritis?**
 - A. Limit the movement of the child's large joints
 - B. Encourage the child to perform independent self-care
 - C. Provide the child with a soft mattress for sleeping
 - D. Schedule a 2-hour daily nap for the child in the afternoon

- 3. Which sign indicates possible dehydration in a child?**
 - A. Increased appetite
 - B. Dry mucous membranes
 - C. Elevated blood pressure
 - D. Frequent urination

- 4. What is a common side effect of diphenhydramine that parents should monitor for in children?**
 - A. Polyuria
 - B. Drowsiness
 - C. Drooling
 - D. Hypogeusia

- 5. When preparing to suction an infant with a tracheostomy, how long should the nurse suction?**
 - A. For 10 seconds or less
 - B. For 5 seconds or less
 - C. For 15 seconds or less
 - D. For as long as necessary

- 6. Which factor could lead to an emotional response in adolescents when discussing health issues?**
- A. Understanding of physical changes
 - B. A supportive family environment
 - C. Peer pressure and societal expectations
 - D. Clear communication from healthcare providers
- 7. What is a potential long-term complication associated with myelomeningocele?**
- A. Congestive heart failure
 - B. Chiari malformation
 - C. Respiratory distress
 - D. Malnutrition
- 8. Which finding from a 10-month-old infant should the nurse report to the provider?**
- A. Pulls self to standing position
 - B. Moves by creeping on hands and knees
 - C. Takes intentional steps when standing
 - D. Sits with support by leaning on hands
- 9. Which statement indicates the guardian understands the teaching about rheumatic fever?**
- A. I should not give my child aspirin for pain or fever.
 - B. My child will take antibiotics for 6 months.
 - C. My child might have a period of irregular movement of the extremities.
 - D. I should expect there to be blood in my child's urine.
- 10. During a checkup, a nurse finds a 12-month-old infant unusually timid. What is the most appropriate action?**
- A. Encourage the infant to interact with the staff.
 - B. Assess the infant's gross motor skills.
 - C. Document the finding in the health record.
 - D. Discuss the observation with the parents.

Answers

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

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Explanations

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1. Which activity would be most appropriate for a 2-year-old child with cystic fibrosis in the playroom?

- A. Cutting figures from colored paper.
- B. Drawing stick figures using crayons.
- C. Riding a tricycle.

D. Building towers of blocks.

Building towers of blocks is the most appropriate activity for a 2-year-old child with cystic fibrosis in the playroom due to several reasons related to the developmental stage of the child and the physical considerations related to the condition. At two years old, children are typically developing fine and gross motor skills, and building blocks is an excellent way to support these skills. This activity encourages hand-eye coordination and helps strengthen the child's dexterity as they manipulate the blocks, stacking and balancing them, which is important for their physical development. Children with cystic fibrosis may also have limitations in endurance and respiratory function, making activities that are too vigorous or require significant physical exertion less suitable. Riding a tricycle could be physically demanding, especially if the child fatigues easily, while activities involving fine motor skills, such as cutting figures from colored paper or drawing, may not utilize the child's gross motor capabilities to the fullest, which is crucial at this developmental stage. In conclusion, building towers of blocks provides an appropriate balance of challenge and engagement for a 2-year-old child with cystic fibrosis, promoting both fun and development in a way that takes their health into consideration.

2. What is the most important instruction to include when teaching the family of a child with juvenile idiopathic arthritis?

- A. Limit the movement of the child's large joints
- B. Encourage the child to perform independent self-care**
- C. Provide the child with a soft mattress for sleeping
- D. Schedule a 2-hour daily nap for the child in the afternoon

Encouraging the child to perform independent self-care is crucial in the management of juvenile idiopathic arthritis (JIA). This condition can impact a child's physical abilities and independence due to joint pain and stiffness. By promoting self-care, the child is allowed to maintain control over their daily activities, which can enhance self-esteem and foster a sense of autonomy. Engaging in self-care tasks can also help with joint mobility and strength, as the child learns to adapt movement and incorporate exercises that can aid in managing their condition. While limiting movement of the child's large joints may seem beneficial in preventing pain, it can actually lead to decreased range of motion and muscle atrophy over time, which is counterproductive. Providing a soft mattress can improve comfort, but it does not teach the child the skills needed for self-management. Scheduling a long afternoon nap, while potentially offering some rest, does not address the importance of active participation in their care routine and may not align with promoting healthy sleep patterns if it interferes with nighttime sleep. Focusing on empowering the child through self-care practices aligns with holistic care approaches that aim to not only treat the physical manifestations of JIA but also support emotional and social development.

3. Which sign indicates possible dehydration in a child?

- A. Increased appetite
- B. Dry mucous membranes**
- C. Elevated blood pressure
- D. Frequent urination

The presence of dry mucous membranes is an important clinical sign indicating possible dehydration in a child. Mucous membranes, such as those found in the mouth and nose, should normally appear moist. When a child is dehydrated, there is a reduction in body fluids, leading to dryness in these areas. This can happen because dehydration affects the secretion of saliva and other fluids, resulting in dryness that can easily be observed during a physical examination. Recognizing dry mucous membranes is crucial because it serves as an indicator of fluid imbalance and can prompt further assessment of the child's hydration status. It can also guide the healthcare provider in determining appropriate interventions, such as fluid replacement therapy. In contrast, increased appetite does not typically signal dehydration and may occur in other contexts. Elevated blood pressure can occur for various reasons and is not a reliable indicator of hydration status in children. Frequent urination, while sometimes associated with conditions that may lead to dehydration, can also indicate overhydration or other issues. Therefore, dry mucous membranes are a clear and specific sign of dehydration that healthcare providers are trained to look for during evaluation.

4. What is a common side effect of diphenhydramine that parents should monitor for in children?

- A. Polyuria
- B. Drowsiness**
- C. Drooling
- D. Hypogeusia

Drowsiness is a well-known and common side effect of diphenhydramine, especially in children. As an antihistamine, diphenhydramine works by blocking histamine receptors in the body, which can lead to sedation and increased sleepiness. This sedative effect can be particularly pronounced in younger patients, making it essential for parents to be aware of the possibility that their child may become overly drowsy after taking the medication. Monitoring for drowsiness is important to ensure the child remains safe and is not at risk for accidental injury due to altered alertness. In contrast, polyuria, which refers to increased urine output, is not a typical side effect associated with diphenhydramine. Despite being a medication that can affect the central nervous system, it does not commonly result in excessive urination. Drooling is not a recognized side effect of diphenhydramine, meaning it is not an expected outcome for children taking this medication. Hypogeusia, or a reduced sense of taste, is also not widely reported as a side effect of diphenhydramine, making monitoring for this condition unnecessary in the context of this medication. Understanding these effects and monitoring for drowsiness allows parents to facilitate appropriate

5. When preparing to suction an infant with a tracheostomy, how long should the nurse suction?

- A. For 10 seconds or less
- B. For 5 seconds or less**
- C. For 15 seconds or less
- D. For as long as necessary

In the context of suctioning an infant with a tracheostomy, the recommended duration for suctioning is crucial to avoid complications such as hypoxia, trauma, or increased intracranial pressure in a vulnerable population. Suctioning an infant should typically not exceed 5 seconds per attempt. Limiting the suction time to this period helps ensure that the infant maintains adequate oxygenation and does not experience significant distress. Prolonged suctioning can lead to a decrease in airway patency and potential damage to the airway mucosa, further complicating the infant's respiratory status. In clinical practice, it's common to provide supplemental oxygen before and after the suctioning procedure as a safety measure. The aim is to remove secretions efficiently while minimizing the risk of adverse effects on the infant's respiratory status. Therefore, suctioning for 5 seconds or less is the best practice as it aligns with established pediatric protocols.

6. Which factor could lead to an emotional response in adolescents when discussing health issues?

- A. Understanding of physical changes
- B. A supportive family environment
- C. Peer pressure and societal expectations**
- D. Clear communication from healthcare providers

Peer pressure and societal expectations play a significant role in the emotional responses of adolescents when discussing health issues. At this developmental stage, adolescents are highly influenced by their peers and the societal norms that surround them. They often feel a strong desire to fit in and can experience stress or anxiety when their health issues do not align with those norms. For example, if an adolescent is dealing with a condition that sets them apart from their peers, they may feel embarrassed, isolated, or worried about being judged. The pressure to conform to certain body images, behaviors, or health ideals can amplify their emotional reactions, making it challenging to navigate discussions about their health. The other factors, while important in their own right, do not typically provoke the same degree of emotional response. For example, understanding physical changes is part of normal development and may lead to curiosity or concern, but it doesn't inherently invoke strong emotions. Similarly, a supportive family environment can provide comfort and reassurance, potentially mitigating negative emotions, and clear communication from healthcare providers can promote understanding and trust, thus making health discussions less intimidating. However, it is the impact of peer influences and societal standards that tends to strike a particularly emotional chord during adolescence.

7. What is a potential long-term complication associated with myelomeningocele?

- A. Congestive heart failure
- B. Chiari malformation**
- C. Respiratory distress
- D. Malnutrition

Myelomeningocele, a type of spina bifida, involves a defect in the spinal column where the spinal cord and surrounding tissues protrude through the vertebrae. This condition can lead to several long-term complications, one of which is Chiari malformation. Chiari malformation occurs when the brain tissue extends into the spinal canal, often resulting from the structural changes and pressure in the central nervous system due to the myelomeningocele. Patients with myelomeningocele are at higher risk for Chiari malformation because of the alterations in normal anatomical relationships and the potential displacement of brain structures. Symptoms of Chiari malformation can include headaches, balance issues, and other neurological deficits, all of which can significantly affect the quality of life of affected individuals. In contrast, while congestive heart failure, respiratory distress, and malnutrition can be concerns in pediatric populations, they are not direct long-term complications specifically associated with myelomeningocele. These issues may arise due to other underlying health conditions or complications, but they are not inherent to the structural abnormalities resulting from myelomeningocele like Chiari malformation is. Thus, understanding the connection between myelomeningocele and Chiari malformation is crucial for recognizing

8. Which finding from a 10-month-old infant should the nurse report to the provider?

- A. Pulls self to standing position
- B. Moves by creeping on hands and knees
- C. Takes intentional steps when standing
- D. Sits with support by leaning on hands**

The finding that a 10-month-old infant sits with support by leaning on hands is an important indicator of developmental milestones. By 10 months, infants typically progress to sitting independently without support, which signifies a better core strength and balance development. While some infants may still rely on support in varying capacities, consistently needing to lean on hands for support could suggest delays in achieving this milestone. The other options represent typical developmental skills observed in 10-month-olds. Pulling themselves to standing shows emerging lower body strength and coordination. Creeping on hands and knees is a common mode of locomotion that supports muscle development and coordination. Taking intentional steps while standing demonstrates significant progress in gross motor skills and balance. Thus, the finding about sitting with support may warrant further evaluation to ensure the infant is developing as expected.

9. Which statement indicates the guardian understands the teaching about rheumatic fever?

- A. I should not give my child aspirin for pain or fever.
- B. My child will take antibiotics for 6 months.
- C. My child might have a period of irregular movement of the extremities.**
- D. I should expect there to be blood in my child's urine.

The correct interpretation of the guardian's understanding of rheumatic fever is demonstrated in the statement about the possibility of irregular movement of the extremities. Rheumatic fever can lead to a condition called Sydenham's chorea, which is characterized by rapid, unintentional movements that can affect the face, hands, and other parts of the body. This manifestation is significant and indicates that the guardian has been informed about one of the potential neurological complications associated with rheumatic fever. While the other statements touch on relevant aspects of the disease or treatment, they do not convey the same level of understanding about the specific complications that can arise from rheumatic fever itself. Recognizing symptoms like irregular movements suggests that the guardian is aware of the broader impacts the illness can have beyond just physical symptoms like fever or pain, which is crucial for appropriate monitoring and management of the condition.

10. During a checkup, a nurse finds a 12-month-old infant unusually timid. What is the most appropriate action?

- A. Encourage the infant to interact with the staff.
- B. Assess the infant's gross motor skills.
- C. Document the finding in the health record.
- D. Discuss the observation with the parents.**

Observing unusual timidity in a 12-month-old infant can be significant and warrants a thoughtful approach. Discussing the observation with the parents is the most appropriate action because parents are often the best resource for understanding their child's typical behavior and development. It allows the nurse to gather additional context about the infant's behavior in other settings and circumstances, and the parents may have insights regarding any recent changes in the child's environment or routine that could contribute to the observed timidity. Open communication with the parents can help alleviate concerns and foster a collaborative relationship, enabling the nurse to provide tailored advice or support. Furthermore, if the behavior is concerning, this discussion could lead to an appropriate referral or the implementation of strategies to encourage social interactions if needed. Encouraging the infant to interact with the staff without first understanding the full context may not be effective or could potentially exacerbate the infant's discomfort. Assessing the infant's gross motor skills or simply documenting the finding may yield valuable information but do not directly address the immediate observation of the infant's behavior, nor do they involve the parents in understanding and responding to their child's needs. Therefore, initiating a dialogue with the parents is the most effective and holistic approach in this situation.

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://pediatricati.examzify.com>

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

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