

PEDIATRIC CARDIOVASCULAR DISORDERS PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://pediacardiordisorders.examzify.com>



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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 are common symptoms of Kawasaki disease?**
 - A. Cough, wheezing, and fever
 - B. Fever, rash, conjunctivitis, and lymphadenopathy
 - C. Chest pain and fatigue
 - D. Shortness of breath and cyanosis
- 2. What is an essential component of the assessment for suspected infective endocarditis in children?**
 - A. Physical examination only
 - B. Blood cultures
 - C. Electrocardiogram
 - D. X-ray imaging
- 3. Which medication should be administered to a patient diagnosed with transposition of the great vessels?**
 - A. Ibuprofen
 - B. Betamethasone
 - C. Prostaglandin E
 - D. Indocin
- 4. What infectious agent is primarily responsible for myocarditis in children?**
 - A. Bacterial infections
 - B. Fungal infections
 - C. Viral infections (especially enteroviruses)
 - D. Parasitic infections
- 5. What material is primarily used to close an atrial septal defect in pediatric cardiac surgery?**
 - A. Stainless steel
 - B. Pericardial patch
 - C. Polyester mesh
 - D. Biological tissue

- 6. Which condition is characterized by the presence of a continuous murmur in infants?**
- A. Patent ductus arteriosus
 - B. Ventricular septal defect
 - C. Atrial septal defect
 - D. Hypertrophic cardiomyopathy
- 7. Which nursing consideration should be taken into account during cardiac catheterization for children with spina bifida?**
- A. Awareness of potential iodine allergies
 - B. Monitoring pulse oximetry continuously
 - C. Assessment for previous surgeries
 - D. Checking for latex allergies
- 8. Which laboratory finding is most concerning for a child on furosemide who may be at risk for digoxin toxicity?**
- A. Hypokalemia
 - B. Hypomagnesemia
 - C. Hypercalcemia
 - D. Hyperphosphatemia
- 9. Which inflammatory condition can lead to coronary artery aneurysms in children?**
- A. Rheumatic fever
 - B. Kawasaki disease
 - C. Viral myocarditis
 - D. Systemic lupus erythematosus
- 10. What type of congenital heart defect does not shunt blood flow but causes obstruction?**
- A. Ventricular septal defect
 - B. Aortic stenosis
 - C. Patency of the ductus arteriosus
 - D. Atrial septal defect

Answers

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

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Explanations

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1. What are common symptoms of Kawasaki disease?

- A. Cough, wheezing, and fever
- B. Fever, rash, conjunctivitis, and lymphadenopathy**
- C. Chest pain and fatigue
- D. Shortness of breath and cyanosis

Kawasaki disease is a pediatric inflammatory condition that primarily affects children under five years old and is characterized by specific symptoms, which help differentiate it from other illnesses. The classic symptoms include persistent fever, a rash, conjunctivitis (often red eyes without purulent discharge), and lymphadenopathy (swelling of lymph nodes). Fever is the most prominent symptom, typically lasting at least five days, and is usually accompanied by a rash that can vary in presentation. Conjunctivitis often presents as redness and irritation in the eyes, and lymphadenopathy typically occurs in the cervical area. The combination of these symptoms is critical for the diagnosis of Kawasaki disease, leading to timely intervention to prevent complications such as cardiovascular issues. In contrast, the other options listed do not align with the hallmark symptoms of Kawasaki disease, which is why they are not relevant to this specific question. Understanding these key symptoms allows for better recognition and management of Kawasaki disease, making the identification of option B as the correct choice significant in pediatric cardiovascular care.

2. What is an essential component of the assessment for suspected infective endocarditis in children?

- A. Physical examination only
- B. Blood cultures**
- C. Electrocardiogram
- D. X-ray imaging

The essential component of the assessment for suspected infective endocarditis in children is obtaining blood cultures. This is crucial because blood cultures help to identify the causative organism responsible for the infection, allowing for appropriate antibiotic therapy. In cases of infective endocarditis, there is often a need to detect the presence of bacteria or fungi in the bloodstream, which can be achieved through this method. Positive blood cultures can confirm the diagnosis and influence management and treatment strategies significantly. While physical examination, electrocardiograms, and imaging studies such as X-rays can provide valuable information in the overall assessment of a child presenting with cardiac symptoms, they are not definitive for diagnosing infective endocarditis. Physical examination may reveal heart murmurs or signs of systemic embolization, but these findings alone do not confirm the diagnosis. Electrocardiograms can help in assessing the electrical activity of the heart, but do not provide information on infectious agents. X-ray imaging may be utilized to evaluate heart size or pulmonary congestion but does not directly contribute to the diagnosis of endocarditis. Therefore, blood cultures remain the cornerstone in the diagnostic workup for suspected infective endocarditis.

3. Which medication should be administered to a patient diagnosed with transposition of the great vessels?

- A. Ibuprofen
- B. Betamethasone
- C. Prostaglandin E**
- D. Indocin

In the context of transposition of the great vessels, Prostaglandin E is critical for managing this condition, particularly in neonates. This congenital heart defect results in the aorta and pulmonary artery being switched, which can lead to inadequate mixing of oxygenated and deoxygenated blood. Prostaglandin E helps by keeping the ductus arteriosus open, which is an essential pathway to allow some mixing of blood between the systemic and pulmonary circulations. This is vital for maintaining adequate oxygenation until the patient can undergo surgical correction, which is usually required soon after diagnosis. In contrast, other medications mentioned do not serve this purpose. Ibuprofen is generally used for pain relief and inflammation but can be counterproductive in the setting of transposition of the great vessels, as it can lead to closure of the ductus arteriosus. Betamethasone is a steroid used to reduce inflammation and may be relevant in other contexts but does not address the critical need for maintaining ductal patency in this specific congenital heart condition. Indocin (indomethacin) is a non-steroidal anti-inflammatory drug (NSAID) that also can cause closure of the ductus arteriosus, which is not desirable in this scenario.

4. What infectious agent is primarily responsible for myocarditis in children?

- A. Bacterial infections
- B. Fungal infections
- C. Viral infections (especially enteroviruses)**
- D. Parasitic infections

Viral infections, particularly enteroviruses, are primarily responsible for myocarditis in children. Enteroviruses, such as Coxsackievirus B, are known to invade the heart muscle and can trigger an inflammatory response. This inflammation can disrupt the normal functioning of the heart, leading to symptoms of myocarditis, such as chest pain, fatigue, and irregular heart rhythms. While other infectious agents like bacteria, fungi, and parasites can cause myocarditis, they are not the most common culprits in pediatric cases. Viral myocarditis tends to be more prevalent, especially in children, due to the higher incidence of viral infections in that age group. The immune response to the viral infection also plays a significant role in the development of myocarditis, making it a key focus in pediatric cardiology when addressing this condition.

5. What material is primarily used to close an atrial septal defect in pediatric cardiac surgery?

- A. Stainless steel
- B. Pericardial patch**
- C. Polyester mesh
- D. Biological tissue

The primary material used to close an atrial septal defect (ASD) in pediatric cardiac surgery is a pericardial patch. This patch is typically derived from the child's own pericardium, which is the membrane covering the heart. Utilizing a pericardial patch offers several advantages. It is biocompatible, minimizing the risk of rejection and facilitating healing because it is naturally incorporated into the surrounding tissue. Pericardial patches can be precisely tailored to the size and shape of the defect, providing an effective closure that helps restore normal blood flow between the atria. This is crucial in preventing complications associated with ASD, such as volume overload in the right heart and pulmonary circulation. Other materials, like polyester mesh and biological tissue, may have their applications in certain situations, but they do not provide the same advantages as pericardial patches when it comes to closing ASDs specifically. This is due in part to the potential for complications related to foreign materials and the advantages of using tissue that mimics the body's own structures. In summary, pericardial patching is the preferred choice for ASD closure in pediatric patients due to its effectiveness, compatibility, and the ease of incorporation into the native heart tissue during

6. Which condition is characterized by the presence of a continuous murmur in infants?

- A. Patent ductus arteriosus**
- B. Ventricular septal defect
- C. Atrial septal defect
- D. Hypertrophic cardiomyopathy

The presence of a continuous murmur in infants is most commonly associated with patent ductus arteriosus (PDA). In PDA, the ductus arteriosus, which is a normal fetal blood vessel that connects the pulmonary artery to the aorta, fails to close after birth. This results in continuous flow of blood from the aorta into the pulmonary artery, leading to increased pulmonary blood flow. The murmur associated with PDA is typically described as "machinery-like" and is heard throughout the cardiac cycle, both during systole and diastole. This characteristic sound reflects the continuous nature of the blood flow through the patent ductus arteriosus. As the ductus remains open, the hemodynamic changes induced by the shunting can lead to various clinical manifestations, including heart failure if significant. In contrast, ventricular septal defect and atrial septal defect are typically associated with systolic murmurs or fixed splitting of the second heart sound, rather than continuous murmurs. Hypertrophic cardiomyopathy features a different kind of murmur related to dynamic obstruction and is characterized by a systolic ejection murmur. Thus, the continuous murmur is a key differentiating factor for patent ductus arteriosus, making it the

7. Which nursing consideration should be taken into account during cardiac catheterization for children with spina bifida?

- A. Awareness of potential iodine allergies
- B. Monitoring pulse oximetry continuously
- C. Assessment for previous surgeries

D. Checking for latex allergies

When considering nursing care during cardiac catheterization for children with spina bifida, it's important to focus on the potential for latex allergies. Many children with spina bifida may have multiple medical interventions and surgeries, which increases their exposure to latex products. As a result, they might have developed sensitivities or allergic reactions to latex, which could pose significant risks during any procedure involving catheterization. Understanding the implications of a latex allergy is crucial; it can lead to serious allergic reactions, including anaphylaxis. Therefore, healthcare providers must take preventive measures by using latex-free equipment and ensuring that all staff involved are aware of the allergy status. Awareness of iodine allergies is relevant but less prioritized in the context of spina bifida, as latex allergies are more common in this population. Continuous pulse oximetry monitoring and assessment for previous surgeries are important as well, but they do not directly relate to the unique considerations posed by the child's underlying condition and the increased risk of allergic reactions to latex.

8. Which laboratory finding is most concerning for a child on furosemide who may be at risk for digoxin toxicity?

- A. Hypokalemia**
- B. Hypomagnesemia
- C. Hypercalcemia
- D. Hyperphosphatemia

In children who are receiving furosemide, a loop diuretic, monitoring electrolyte levels is crucial due to the medication's potential side effects. Furosemide is known to cause the loss of important electrolytes, particularly potassium. Therefore, hypokalemia, or low potassium levels, is especially concerning because it can increase the risk of digoxin toxicity. Digoxin, a medication used to treat various heart conditions, has a narrow therapeutic window, meaning the difference between an effective dose and a toxic dose is small. Potassium and digoxin interact in the body; low potassium levels can enhance digoxin's effects on the heart, potentially leading to toxicity. Symptoms of digoxin toxicity can include nausea, vomiting, gastrointestinal discomfort, and potentially life-threatening arrhythmias. While other laboratory abnormalities such as hypomagnesemia, hypercalcemia, or hyperphosphatemia may have their respective clinical implications, they do not have the same direct relationship with digoxin toxicity as hypokalemia. Thus, hypokalemia is the most concerning finding for a child on furosemide at risk for digoxin toxicity.

9. Which inflammatory condition can lead to coronary artery aneurysms in children?

- A. Rheumatic fever
- B. Kawasaki disease**
- C. Viral myocarditis
- D. Systemic lupus erythematosus

Kawasaki disease is specifically associated with the development of coronary artery aneurysms in children. This condition is characterized by an acute, self-limited vasculitis that primarily affects children, leading to inflammation of the blood vessel walls, particularly the medium-sized arteries. The inflammation can result in the dilation of coronary arteries, leading to aneurysm formation. Kawasaki disease is typically diagnosed based on clinical criteria, including prolonged fever, rash, conjunctivitis, changes in the lips and oral cavity, and lymphadenopathy. The risk of coronary artery complications, such as aneurysms, makes prompt diagnosis and treatment crucial, with intravenous immunoglobulin (IVIG) therapy being a key aspect of management to reduce inflammation and prevent cardiovascular complications. Other inflammatory conditions listed do not typically cause coronary artery aneurysms in the same manner. Rheumatic fever, while it can affect the heart and lead to rheumatic heart disease, does not lead to coronary artery aneurysms. Viral myocarditis affects the heart muscle itself and does not directly cause aneurysms in coronary arteries. Systemic lupus erythematosus (SLE) may involve the cardiovascular system but is not specifically linked to the formation of coronary artery aneurysms in children like Kawasaki

10. What type of congenital heart defect does not shunt blood flow but causes obstruction?

- A. Ventricular septal defect
- B. Aortic stenosis**
- C. Patency of the ductus arteriosus
- D. Atrial septal defect

Aortic stenosis is a type of congenital heart defect characterized by an obstruction of blood flow, specifically at the level of the aortic valve. This obstruction can occur due to various factors, including a malformed valve that may be too narrow (stenotic) or consists of two leaflets instead of three (bicuspid aortic valve). When the aortic valve is narrowed, it restricts the flow of blood from the left ventricle into the aorta during systole, leading to increased pressure within the left ventricle. This is different from defects that shunt blood flow, such as ventricular septal defect or atrial septal defect, where blood is redirected from one chamber to another, either mixing oxygenated and deoxygenated blood or overloading the pulmonary circulation. In contrast, aortic stenosis results directly from a physical blockage, which can have significant consequences on cardiac function, leading potentially to heart failure if the condition is severe and untreated. Understanding that aortic stenosis does not cause a shunt but rather a significant obstruction helps differentiate it from other types of congenital heart defects, emphasizing the importance of recognizing the distinct hemodynamic consequences associated with each defect.

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:

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

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