

Pediatric Cerebral Dysfunction Practice Test (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. Brudzinski's sign indicates which of the following?**
 - A. Increased intracranial pressure**
 - B. Meningeal irritation**
 - C. Encephalitis**
 - D. Intraventricular hemorrhage**

- 2. Which type of cerebral palsy is most common?**
 - A. Hypotonic**
 - B. Athetoid**
 - C. Spastic**
 - D. Ataxic**

- 3. Which action should be taken first when meningitis is suspected in a child upon admission?**
 - A. Notify health care provider immediately**
 - B. Document level of consciousness**
 - C. Observe signs of increased intracranial pressure**
 - D. Administer pain medication and assess for response**

- 4. Which term describes a patient remaining in a deep sleep, responsive only to vigorous and repeated stimulation?**
 - A. Coma**
 - B. Stupor**
 - C. Obtundation**
 - D. Persistent vegetative state**

- 5. Which statement about MRI safety is true?**
 - A. It does not use ionizing radiation.**
 - B. It uses ionizing radiation.**
 - C. It requires injections of radioactive tracers.**
 - D. It cannot be used to image the brain.**

- 6. In a 10-year-old child, which is most consistent with increased intracranial pressure?**
- A. Bulging fontanel**
 - B. Tachypnea**
 - C. Increase in head circumference**
 - D. Headache**
- 7. The nurse concerned about increased intracranial pressure in an infant should assess for which sign?**
- A. Photophobia**
 - B. Irritability**
 - C. Pulsating anterior fontanel**
 - D. Vomiting and diarrhea**
- 8. In a 2-week-old infant with irritability, rapid head growth, and distended scalp veins, which diagnosis is most likely?**
- A. Syndrome of inappropriate antidiuretic hormone (SIADH)**
 - B. Hydrocephalus**
 - C. Cerebral palsy**
 - D. Reye's syndrome**
- 9. What is an early sign of increased intracranial pressure?**
- A. Increased blood pressure**
 - B. Change in mental status**
 - C. Decreased temperature**
 - D. Pupillary dilation**
- 10. Photophobia is a sign seen in which age group with meningitis?**
- A. Neonate**
 - B. Infants**
 - C. Toddlers**
 - D. Older children**

Answers

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

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Explanations

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1. Brudzinski's sign indicates which of the following?

- A. Increased intracranial pressure
- B. Meningeal irritation**
- C. Encephalitis
- D. Intraventricular hemorrhage

Brudzinski's sign is a clue to irritation of the meninges, the membranes around the brain and spinal cord. When you gently bend the neck, the hips and knees automatically flex in response. That reflexive movement happens because inflamed meninges resist neck flexion, pulling the lower limbs into flexion. This sign most strongly points to meningitis or other causes of meningeal irritation, rather than to problems limited to brain tissue or blood vessels alone. It isn't a direct indicator of increased intracranial pressure, and while encephalitis can involve meningitis, the classic Brudzinski response specifically reflects meningeal irritation. Intraventricular hemorrhage doesn't produce this sign as a primary feature.

2. Which type of cerebral palsy is most common?

- A. Hypotonic
- B. Athetoid
- C. Spastic**
- D. Ataxic

Spastic cerebral palsy is the most common type, and that comes from how brain injury affects movement control. When the motor cortex and the corticospinal (pyramidal) pathways are damaged, the brain's normal signals to muscles become exaggerated, leading to increased tone and stiffness—spasticity—and hyperactive reflexes. This pattern shows up in various distributions, like one side of the body (hemiplegia), both legs more than arms (diplegia), or all four limbs (quadriplegia), making spastic CP the predominant presentation in most children with cerebral palsy. In contrast, dyskinetic (athetoid) CP stems from injury to the basal ganglia and causes involuntary writhing movements, while ataxic CP involves cerebellar pathways and presents mainly with balance and coordination problems; these are less common than the spastic form. Hypotonia isn't a primary CP type by itself, even though low tone can appear early on.

3. Which action should be taken first when meningitis is suspected in a child upon admission?

- A. Notify health care provider immediately**
- B. Document level of consciousness
- C. Observe signs of increased intracranial pressure
- D. Administer pain medication and assess for response

Meningitis is a medical emergency where every minute counts. The most important first action is to notify the health care provider immediately so they can rapidly order diagnostic tests and start treatment, including empiric antibiotics and necessary isolation precautions. Timely communication allows urgent evaluation, blood cultures, possible lumbar puncture, and prompt therapy, all of which significantly reduce the risk of severe complications and death. While ongoing assessment of consciousness, monitoring for signs of increased intracranial pressure, and providing comfort are important, they do not replace the need to trigger expedited medical management and infection control.

4. Which term describes a patient remaining in a deep sleep, responsive only to vigorous and repeated stimulation?

- A. Coma
- B. Stupor**
- C. Obtundation
- D. Persistent vegetative state

Stupor describes a deep, sleep-like state in which arousal is limited and the patient can be awakened only by vigorous or repeated stimulation. After such stimulation, responses are often minimal and not sustained, and the person may not stay awake or engage meaningfully. This sits between coma (where there is no ability to awaken at all) and obtundation (where a patient is drowsy but can be aroused more readily and responds more consistently). A persistent vegetative state involves wakefulness without meaningful interaction or awareness, even if eyes may open and sleep-wake cycles occur. So the description of being deeply asleep and only responding to strong stimulation aligns with stupor.

5. Which statement about MRI safety is true?

- A. It does not use ionizing radiation.**
- B. It uses ionizing radiation.
- C. It requires injections of radioactive tracers.
- D. It cannot be used to image the brain.

MRI safety hinges on how the technology actually generates images. It uses a powerful magnetic field and radiofrequency energy, not ionizing radiation. That means, unlike X-ray or CT scans, MRI does not expose patients to ionizing radiation. This is particularly important for children who may need multiple scans. In MRI, contrast agents, when used, are typically gadolinium-based and are not radioactive, so you don't inject radioactive tracers as you would in nuclear medicine or PET imaging. MRI is also excellent for brain imaging, so saying it cannot image the brain isn't correct. Other safety considerations with MRI involve ferromagnetic implants or severe claustrophobia, rather than radiation exposure.

6. In a 10-year-old child, which is most consistent with increased intracranial pressure?

- A. Bulging fontanel
- B. Tachypnea
- C. Increase in head circumference
- D. Headache**

In school-age children, the most consistent sign of increased intracranial pressure is a headache. This age group typically presents with headaches (often with associated nausea or vomiting and sometimes visual symptoms) when ICP is elevated, reflecting stretching of pain-sensitive meninges and pressure changes within the skull. Bulging fontanel is a sign seen in infants because their fontanelles are still open; a 10-year-old's fontanelles are closed, so this is not expected. Increase in head circumference similarly points to problems in infancy (where skull sutures can widen) and is not a typical sign in a child of this age. Tachypnea alone is not a characteristic feature of raised ICP in children; respiratory changes are usually irregular or part of broader brainstem involvement rather than simple rapid breathing.

7. The nurse concerned about increased intracranial pressure in an infant should assess for which sign?

- A. Photophobia**
- B. Irritability**
- C. Pulsating anterior fontanel**
- D. Vomiting and diarrhea**

In infants, signs of increased intracranial pressure are conveyed through behavior and nonverbal cues rather than reported symptoms. Irritability is a key indicator because the infant cannot describe pain; when ICP rises, the baby often becomes fussy, inconsolable, and difficult to soothe, and feeding may be poor as distress increases. Photophobia is not typically assessable or recognized in infants. A pulsating anterior fontanel can occur, but it is not a reliable or specific sign of ICP on its own. Vomiting can accompany elevated ICP, but diarrhea is not related to ICP elevations. So the presentation most consistent with increased ICP in an infant is irritability.

8. In a 2-week-old infant with irritability, rapid head growth, and distended scalp veins, which diagnosis is most likely?

- A. Syndrome of inappropriate antidiuretic hormone (SIADH)**
- B. Hydrocephalus**
- C. Cerebral palsy**
- D. Reye's syndrome**

In infants, rapid head growth with irritability and distended scalp veins points to increased intracranial pressure from accumulating cerebrospinal fluid, i.e., hydrocephalus. Because the skull sutures aren't yet fused, the head can enlarge as the ventricles dilate. The irritability reflects the infant's discomfort from rising pressure, and the visible scalp veins come from venous congestion as pressure climbs. The other options don't fit this pattern. SIADH would cause fluid and electrolyte disturbances without the characteristic rapid enlargement of the head or scalp vein prominence. Cerebral palsy is a chronic motor disorder usually evident later with abnormal tone and movement, not an acute head-growth pattern in a 2-week-old. Reye's syndrome involves hepatic failure and encephalopathy after a viral illness, not a primary sign of increasing head size.

9. What is an early sign of increased intracranial pressure?

- A. Increased blood pressure
- B. Change in mental status**
- C. Decreased temperature
- D. Pupillary dilation

Changes in mental status signal brain dysfunction from rising pressure. As intracranial pressure increases, cerebral perfusion becomes impaired, and the brain's ability to function normally is affected first, leading to confusion, irritability, restlessness, or lethargy in children. This altered level of consciousness is typically the earliest sign clinicians notice before other neurological changes develop. In comparison, a rise in blood pressure is more of a late adaptive response (the Cushing reflex) seen with more advanced ICP, often accompanied by other signs. Temperature change is not a common early indicator of ICP elevation. Pupillary dilation tends to occur later as pressure progresses and can indicate impending herniation rather than an early sign. Recognizing an early change in mental status allows for prompt assessment and intervention to prevent further deterioration.

10. Photophobia is a sign seen in which age group with meningitis?

- A. Neonate
- B. Infants
- C. Toddlers
- D. Older children**

Photophobia in meningitis is a subjective symptom that people report only if they can communicate it. As children grow older and gain the ability to describe discomfort, they can reliably report light sensitivity, so photophobia becomes a sign seen in older children (and adults). In neonates and infants, signs are nonspecific—irritability, poor feeding, lethargy—and they can't clearly express a reaction to light, making photophobia an unreliable indicator in that age group. Toddlers may be distressed but often cannot pinpoint light as the trigger. So, photophobia is best observed in older children, which is why that option fits.

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://pediatriccerebraldysfuction.examzify.com>

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

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