Pediatric Education for Prehospital Professionals (PEPP) 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. What is the epinephrine dose for a child in asystole/PEA?

A. 0.01 mg/kg

B. 0.1 mg/kg

C. 0.001 mg/kg

D. 0.05 mg/kg

2. What are the four types of shock?

A. Hypovolemic, Cardiogenic, Distributive, Obstructive

B. Hypovolemic, Cardiogenic, Anaphylactic, Septic

C. Hypoxic, Cardiogenic, Distributive, Obstructive

D. Hypovolemic, Neurogenic, Distributive, Obstructive

3. In troubleshooting a tracheostomy tube, what is the initial action you should take?

A. Remove the vent from the patient

B. Connect a bag-valve-mask to the tracheostomy tube

C. Suction the tracheostomy tube

D. Check the oxygen saturation

4. AEIOU-TIPS is used for what clinical assessment purpose?

A. Assess airway patency

B. Recall causes for altered mental status

C. Evaluate pain level

D. Determine dehydration status

5. What is the upper bound of heart rate for sinus tachycardia in infants?

A. 210 bpm

B. 220 bpm

C. 230 bpm

D. 240 bpm

6. Lethargy, poor appetite, and a fast heart rate in a child most likely indicate which condition?

A. Dehydration

B. Cardiogenic shock

C. Sepsis

D. Hypovolemic shock

7. TICLS assessment is used in which PAT domain?

A. Appearance

B. Work of Breathing

C. Circulation to Skin

D. All of the above

8. Which sign is most directly assessed as part of work of breathing in a pediatric patient?

A. Retractions

B. Breath sounds

C. Nasal Cannula Flow Rate

D. Heart Rhythm

9. What is the red flag hypoglycemia threshold in children?

A. <60 mg/dL

B. <40 mg/dL

C. <70 mg/dL

D. <50 mg/dL

10. Which sign among the following is associated with poor peripheral circulation in a child?

A. Pallor

B. Fever

C. Hyperactivity

D. Dry Skin

Answers

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

Explanations

1. What is the epinephrine dose for a child in asystole/PEA?

A. 0.01 mg/kg

B. 0.1 mg/kg

C. 0.001 mg/kg

D. 0.05 mg/kg

During pediatric cardiac arrest, epinephrine is used to boost perfusion to the heart and brain by increasing systemic vascular resistance and coronary perfusion pressure during CPR. For a child in asystole or PEA, the recommended dose is 0.01 mg/kg given IV or IO, and it should be re-administered every 3–5 minutes during ongoing CPR. This dose translates to about 0.1 mL/kg of a 1:10,000 epinephrine solution, with a typical maximum single dose of 1 mg. The goal is to improve chances of return of spontaneous circulation while avoiding excessive adrenergic effects.

2. What are the four types of shock?

A. Hypovolemic, Cardiogenic, Distributive, Obstructive

B. Hypovolemic, Cardiogenic, Anaphylactic, Septic

C. Hypoxic, Cardiogenic, Distributive, Obstructive

D. Hypovolemic, Neurogenic, Distributive, Obstructive

Shock is categorized by the underlying problem with circulating blood. The four broad types are hypovolemic, cardiogenic, distributive, and obstructive. Hypovolemic shock arises from loss of intravascular volume (bleeding, dehydration). Cardiogenic shock results from pump failure of the heart (myocardial infarction, significant arrhythmias). Distributive shock involves widespread vasodilation and maldistribution of blood flow (seen in sepsis, anaphylaxis, and neurogenic causes). Obstructive shock is due to a physical barrier to blood flow (cardiac tamponade, tension pneumothorax, massive pulmonary embolism). Other options mix conditions that aren't separate categories of shock or represent just causes within distributive shock (like anaphylaxis or septic shock) or label a non-shock issue (hypoxic). The four primary categories above best capture the major mechanisms of shock.

3. In troubleshooting a tracheostomy tube, what is the initial action you should take?

A. Remove the vent from the patient

B. Connect a bag-valve-mask to the tracheostomy tube

C. Suction the tracheostomy tube

D. Check the oxygen saturation

When a tracheostomy tube isn't ventilating properly, the quickest way to tell where the problem lies is to remove the ventilator from the circuit and try to ventilate manually through the tracheostomy. This prevents the ventilator from masking a blockage or misconnection and lets you assess whether you can deliver breaths with a bag-valve mask through the trach tube. If you can manually ventilate after removing the vent, the issue is likely with the ventilator circuit or settings, and you can troubleshoot those while maintaining manual breaths as needed. If you cannot ventilate manually, the problem is more likely with the tracheostomy tube or airway itself—so you would proceed to check for obstruction, suction the tube to clear secretions, and assess for displacement or kinking. Monitoring oxygen saturation remains important throughout, but it does not restore ventilation by itself. The key initial step is disconnecting the vent to enable immediate manual ventilation and clarify whether the airway tube or the ventilator circuit is at fault.

4. AEIOU-TIPS is used for what clinical assessment purpose?

A. Assess airway patency

B. Recall causes for altered mental status

C. Evaluate pain level

D. Determine dehydration status

AEIOU-TIPS is a mnemonic designed to help you recall the range of potential causes for altered mental status in emergency care. It prompts you to consider categories such as Alcohol, Epilepsy or electrolyte disturbances, Insulin issues (like hypoglycemia), Overdose or poisoning, Uremia, Trauma, Infection, Psychiatric conditions, and Stroke. In a pediatric prehospital setting, this gives you a quick, structured framework to brainstorm etiologies while you're assessing and managing the patient, especially to identify reversible problems (like hypoglycemia or toxins) alongside other urgent needs. This mnemonic guides the differential diagnosis for altered mental status rather than focusing on unrelated aspects like airway patency, pain level, or dehydration alone. So its purpose is to recall and organize the causes of altered mental status.

5. What is the upper bound of heart rate for sinus tachycardia in infants?

A. 210 bpm

B. 220 bpm

C. 230 bpm

D. 240 bpm

Sinus tachycardia in infants is a regular rhythm driven by the sinus node that simply beats faster in response to physiologic stress. There is a practical ceiling to how fast sinus rhythm can pace in infancy, and that upper limit is about 220 beats per minute. Fevers, crying, or dehydration can push rates upward toward this limit, but rates higher than roughly 220 bpm are unlikely to be sinus in origin and should raise concern for a tachyarrhythmia such as supraventricular tachycardia. Among the options, 220 bpm represents the upper bound for sinus tachycardia; lower values can occur with sinus tachycardia, while higher values are more suggestive of an arrhythmia.

6. Lethargy, poor appetite, and a fast heart rate in a child most likely indicate which condition?

A. Dehydration

B. Cardiogenic shock

C. Sepsis

D. Hypovolemic shock

This pattern points to reduced cardiac output from pump failure in a child. Lethargy signals the brain isn't getting enough blood, and poor appetite reflects overall poor perfusion to the gastrointestinal system and body. A fast heart rate is the body's first attempt to maintain cardiac output when the heart isn't delivering enough blood. In dehydration or hypovolemic shock, you'd expect clear signs of volume loss, such as dry mucous membranes, sunken fontanelle, decreased skin turgor, or reduced urine output, which aren't described here. In sepsis, fever and infection signs would typically be prominent, and the presentation may include different perfusion patterns. So, the combination of lethargy, poor appetite, and tachycardia most strongly fits cardiogenic shock due to impaired pumping and resulting poor perfusion.

7. TICLS assessment is used in which PAT domain?

A. Appearance

B. Work of Breathing

C. Circulation to Skin

D. All of the above

TICLS is a quick check of a child's appearance, focusing on neurologic status and responsiveness, and it sits within the Appearance domain of the Pediatric Assessment Triangle. The components—Tone, Interactiveness, Consolability, Look/Gaze, and Speech—describe how alert and interactive the child is, how easily they can be consoled, and how they communicate. This set of cues reflects appearance, not respiratory effort or skin perfusion. Work of Breathing evaluates respiratory effort (chest wall movement, nasal flaring, grunting), while Circulation to Skin assesses color, temperature, and capillary refill. Because TICLS targets appearance, it corresponds to the Appearance domain.

8. Which sign is most directly assessed as part of work of breathing in a pediatric patient?

A. Retractions

B. Breath sounds

C. Nasal Cannula Flow Rate

D. Heart Rhythm

Work of breathing in kids is best judged by signs that show how hard the child is trying to ventilate. Retractions—when the chest wall pulls inward during inspiration—directly demonstrate increased respiratory effort and the work required to breathe. They reflect the patient's need to recruit accessory muscles and overcome airway resistance, making them the clearest indicator of work of breathing in pediatric patients. Breath sounds provide information about airway or lung pathology, but they don't quantify the effort of breathing. The nasal cannula flow rate is about delivering oxygen, not about how hard the child is working to breathe. Heart rhythm can change with distress, but it isn't a direct measure of respiratory effort.

9. What is the red flag hypoglycemia threshold in children?

A. <60 mg/dL

B. <40 mg/dL

C. <70 mg/dL

D. <50 mg/dL

Recognizing when low blood sugar becomes dangerous in a child relies on a threshold that prompts urgent treatment to protect the brain. The red-flag level is set around a glucose value that signals the brain may soon be unable to function properly, because neuroglycopenia can begin as glucose falls toward this point and children may not show obvious symptoms right away. Children have smaller glucose reserves and their brains are more sensitive to low glucose, so treating early helps prevent progression to seizures or altered mental status. If the reading is at or below this level, act quickly: provide a fast-acting carbohydrate if the child can safely swallow and is awake, or administer IV dextrose if oral intake isn't possible or the child is not protecting the airway, then recheck soon after. Values well below this threshold indicate more severe hypoglycemia and a higher risk of seizures, requiring more aggressive intervention and close monitoring.

10. Which sign among the following is associated with poor peripheral circulation in a child?

A. Pallor

B. Fever

C. Hyperactivity

D. Dry Skin

Pallor is the best visual cue of poor peripheral circulation in a child. When blood flow to the skin drops, the skin and mucous membranes lose color, making the child appear pale. This happens as the body shunts blood to vital organs during dehydration or early shock, so pallor reflects reduced cutaneous perfusion. Fever points to infection, not perfusion. Hyperactivity isn't a typical sign of poor circulation—it can occur for many reasons and doesn't specifically indicate peripheral blood flow. Dry skin suggests dehydration or fluid loss, which can affect perfusion but doesn't directly signal the state of peripheral circulation as clearly as pallor does.

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://pepp.examzify.com

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