Pediatric Respiratory 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

1. **Which anatomical factor contributes to potentially more severe croup symptoms in young children?**

   A. Narrower and shorter airways

   B. Larger airway diameter than adults

   C. Similar airway size to adults

   D. More robust immune response

2. **Which breathing exercise should the nurse have an asthmatic 3-year-old do to increase her expiratory phase?**

   A. Blow a pinwheel.

   B. Use an incentive spirometer.

   C. Breathe into a paper bag.

   D. Take several deep breaths.

3. **A mother is crying and tells the nurse she should have brought her son in yesterday; which is the best response?**

   A. Children this age rarely get epiglottitis; you should not blame yourself.

   B. It is always better to have your child evaluated at the first sign of illness rather than wait until symptoms worsen.

   C. Epiglottitis is slowly progressive, so early intervention may have decreased the extent of your son's symptoms.

   D. Epiglottitis is rapidly progressive; you could not have predicted his symptoms would worsen so quickly.

4. **In caring for a child with status asthmaticus, what is the most important information to obtain from the caregiver first?**

   A. When was your child's last dose of asthma medication?

   B. Has your child been exposed to triggers?

   C. What time did your child eat last?

   D. When was your child's last hospital admission for asthma?

5. **Which statement best describes care for a child with mononucleosis?**

   A. Limit visitors to family.

   B. Bedrest.

   C. Clear liquids.

   D. Hydration and adequate nutrition should be maintained.

6. Which procedure is definitive for removing a suspected airway foreign body in a choking toddler?

- **A. Rigid bronchoscopy.**
- **B. Flexible bronchoscopy.**
- **C. MRI.**
- **D. Ultrasound.**

7. Mycoplasma pneumoniae is a common cause of atypical pneumonia in which age group?

- **A. School-age children**
- **B. Toddlers**
- **C. Infants**
- **D. Neonates**

8. A 2-year-old with a barky cough and mild stridor is treated with a single dose of which medication that has strong evidence for efficacy?

- **A. Nebulized hypertonic saline.**
- **B. Epinephrine inhalation.**
- **C. Dexamethasone.**
- **D. Oral antibiotics.**

9. Which caregiver statement indicates additional education is needed on giving albuterol by metered-dose inhaler?

- **A. I should administer two quick puffs of the albuterol inhaler using a spacer.**
- **B. I should always use a spacer when administering the inhaler.**
- **C. My child should be in an upright position when using the inhaler.**
- **D. I should always shake the inhaler before giving a dose.**

10. What does CPAP stand for?

- **A. Continuous Positive Airway Pressure**
- **B. Continuous Positive Air Pressure**
- **C. Continuous Pulmonary Air Pressure**
- **D. Cardiac-Pulmonary Air Pressure**

Answers

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

Explanations

1. Which anatomical factor contributes to potentially more severe croup symptoms in young children?

A. Narrower and shorter airways

B. Larger airway diameter than adults

C. Similar airway size to adults

D. More robust immune response

In young children, the airway is narrower and shorter than in adults, especially at the subglottic region where croup swelling tends to occur. When edema from laryngotracheobronchitis narrows an already tiny lumen, airway resistance increases dramatically because small drops in radius produce large increases in flow resistance. That combination—reduced caliber and shorter airway length—means even mild swelling can cause significant obstruction, leading to stridor, retractions, and more severe symptoms in kids. The other options don't fit: a larger airway would lessen obstruction, an airway size similar to adults isn't accurate for children, and a more robust immune response is not an anatomical factor driving the obstruction seen in croup.

2. Which breathing exercise should the nurse have an asthmatic 3-year-old do to increase her expiratory phase?

A. Blow a pinwheel.

B. Use an incentive spirometer.

C. Breathe into a paper bag.

D. Take several deep breaths.

Prolonging expiration helps in asthma because narrowed airways tend to trap air during the long, slow part of breathing. Teaching a child to exhale slowly and steadily reduces airway collapse and work of breathing, improving gas exchange. Blowing a pinwheel gives a simple, fun way to practice that longer exhale. The pinwheel moves only if the child exhales with control and enough duration, providing immediate visual feedback and reinforcing a slower, more extended expiratory phase. This directly targets the expiratory prolongation that helps with asthma symptoms. Incentive spirometry is focused on deep inhalation and is harder for a 3-year-old to use reliably. Breathing into a paper bag isn't appropriate for asthma and can be unsafe, and taking several deep breaths can encourage quicker, not slower, breathing.

3. A mother is crying and tells the nurse she should have brought her son in yesterday; which is the best response?

A. Children this age rarely get epiglottitis; you should not blame yourself.

B. It is always better to have your child evaluated at the first sign of illness rather than wait until symptoms worsen.

C. Epiglottitis is slowly progressive, so early intervention may have decreased the extent of your son's symptoms.

D. Epiglottitis is rapidly progressive; you could not have predicted his symptoms would worsen so quickly.

When a parent is blaming herself for not bringing her child in sooner, the best approach is to respond with empathy while giving factual information about how this illness can behave. Epiglottitis can progress very quickly, with airway obstruction worsening faster than a parent might expect. Saying that you couldn't have predicted the rapid change validates her concern and avoids shaming, while still conveying the seriousness of the condition and the need to seek timely care if symptoms worsen. This choice is the most appropriate because it pairs supportive listening with accurate, non-judgmental information about disease progression. It helps reduce the parent's guilt without dismissing the risk, and it sets a realistic expectation that deterioration can occur abruptly, which is essential for future vigilance. The other options miss the mark by either blaming the parent, making absolute or incorrect statements about progression, or offering a response that could feel dismissive or confrontational.

4. In caring for a child with status asthmaticus, what is the most important information to obtain from the caregiver first?

A. When was your child's last dose of asthma medication?

B. Has your child been exposed to triggers?

C. What time did your child eat last?

D. When was your child's last hospital admission for asthma?

In an acute severe asthma episode, the most important information to get first is what rescue or daily asthma medications have been used and when the child last took them. This tells you how much bronchodilator exposure the child has had, whether symptoms might be responding to treatment, and what level of intervention may be needed next. If the last dose was recent, you can look for signs of response (improved breathing, less distress) and decide whether to continue the current plan or escalate. If it's been a while since any medication, there's a higher risk of deterioration and a need for prompt treatment adjustments. Asking about triggers, meals, or past hospitalizations is helpful for comprehensive care, but they don't guide immediate management the way the timing of the last medication does.

5. Which statement best describes care for a child with mononucleosis?

A. Limit visitors to family.

B. Bedrest.

C. Clear liquids.

D. Hydration and adequate nutrition should be maintained.

Mononucleosis is caused by the Epstein-Barr virus and there's no specific antiviral cure. The main approach to care is supportive, aiming to relieve symptoms and keep the child well hydrated and well nourished to support recovery. Hydration helps prevent dehydration from fever and reduced intake, while adequate nutrition provides the energy and nutrients the immune system needs to fight the infection. Rest is helpful but not the sole focus; there isn't a routine need for strict bedrest, and simple hydration and nutrition cover the essential supportive needs. (Also, while not part of the option, activity should be limited if splenomegaly is suspected.)

6. Which procedure is definitive for removing a suspected airway foreign body in a choking toddler?

A. Rigid bronchoscopy.

B. Flexible bronchoscopy.

C. MRI.

D. Ultrasound.

When a toddler is choking with a suspected airway foreign body, the procedure that can definitively remove it must provide direct visualization of the airway, control of the airway, and a built-in way to retrieve the object. Rigid bronchoscopy does all of this in a single, controlled setting. It is performed under general anesthesia with the airway secured, allowing the clinician to directly see the trachea and bronchi and to use specialized forceps to grasp and remove the object. The rigid scope creates a stable conduit for ventilation and suction, which is crucial in a small child who can deteriorate quickly if the airway becomes blocked or edematous. Because of the larger and sturdier channel, the instrument allows effective retrieval of a broad range of objects and can manage bleeding or secretion without losing airway control. This combination of reliable visualization, airway security, and immediate extraction capability makes rigid bronchoscopy the definitive approach for removing a suspected airway foreign body in a choking toddler. Flexible bronchoscopy can be useful in certain diagnostic or less-urgent situations, but it lacks the robust airway control and retrieval capability required for a definitive removal in young children. MRI and ultrasound do not provide the means to remove a foreign body and are not appropriate for acute airway obstruction—MRI is time-consuming and not suitable for emergent management, while ultrasound is not effective for visualizing or retrieving most airway foreign bodies.

7. Mycoplasma pneumoniae is a common cause of atypical pneumonia in which age group?

A. School-age children

B. Toddlers

C. Infants

D. Neonates

Mycoplasma pneumoniae most commonly causes atypical pneumonia in school-age children and adolescents. In this age group, there's a typical pattern of a gradual onset of symptoms with a dry, persistent cough and relatively mild fever, and chest imaging often shows interstitial or patchy infiltrates rather than a classic lobar consolidation. Younger children—toddlers, infants, and neonates—are more likely to have pneumonia caused by viral pathogens or other bacteria, with Mycoplasma being a less frequent cause. Because of this age distribution, school-age children are the group where Mycoplasma pneumoniae is most commonly seen as the cause of atypical pneumonia.

8. A 2-year-old with a barky cough and mild stridor is treated with a single dose of which medication that has strong evidence for efficacy?

A. Nebulized hypertonic saline.

B. Epinephrine inhalation.

C. Dexamethasone.

D. Oral antibiotics.

In viral croup, reducing the subglottic airway edema with an anti-inflammatory is the most effective approach, and a single dose of dexamethasone does this well. Its anti-inflammatory effect is long-lasting, so one dose can significantly lessen stridor and respiratory distress for about 24 hours and often shortens the course without needing additional treatment. For a mild case with a barky cough and mild stridor, this single-dose corticosteroid is strongly supported by evidence as the best initial treatment. Nebulized hypertonic saline hasn't shown consistent benefit for typical croup and isn't a first-line choice. Epinephrine inhalation can provide rapid, short-term relief in more moderate to severe croup, but it is usually used in combination with steroids for those cases, and its effect wears off quickly. Oral antibiotics are not indicated because croup is viral, and antibiotics don't improve viral croup symptoms.

9. Which caregiver statement indicates additional education is needed on giving albuterol by metered-dose inhaler?

A. I should administer two quick puffs of the albuterol inhaler using a spacer.

B. I should always use a spacer when administering the inhaler.

C. My child should be in an upright position when using the inhaler.

D. I should always shake the inhaler before giving a dose.

The main idea is that using a metered-dose inhaler with a spacer requires giving each puff separately with a short pause between puffs so the child can inhale the medication effectively. The spacer helps deliver the full dose even if coordination is imperfect, which is especially helpful for children. Saying you should administer two quick puffs implies the second puff is given immediately after the first without a pause, which is not the best practice. A brief interval (about 30 seconds to 1 minute) between puffs allows the first dose to be inhaled and maximizes the second dose's delivery. Using a spacer is correct, as it improves deposition and reduces the need for perfect timing. An upright position and shaking the inhaler before use are also appropriate steps.

10. What does CPAP stand for?

A. Continuous Positive Airway Pressure

B. Continuous Positive Air Pressure

C. Continuous Pulmonary Air Pressure

D. Cardiac-Pulmonary Air Pressure

CPAP means giving a steady positive pressure to the airways throughout the breathing cycle to keep them open. The correct full form is Continuous Positive Airway Pressure. That "airway" part is essential—it's about patting open the passages you breathe through, not just increasing pressure somewhere in the lungs or heart. In practice, this continuous positive pressure helps prevent airway collapse, reduces the work of breathing, and improves oxygenation in kids with respiratory distress or apnea. The other phrasing changes the meaning by focusing on pressure alone, or on the lungs or heart, which isn't what CPAP describes.

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://pediatricrespiratory.examzify.com

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