

PEDIATRIC RESPIRATORY PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

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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. In teaching about primary prevention of foreign body aspiration, which topic is most helpful?**
 - A. Most common objects that toddlers aspirate
 - B. Signs and symptoms of foreign body aspiration
 - C. Therapeutic management of foreign body aspiration
 - D. Risks associated with foreign body aspiration

- 2. Which description indicates the most urgent status in a child with asthma?**
 - A. Wheezing with good air movement and normal oxygen saturation.
 - B. Diminished breath sounds with poor air movement and low oxygen saturation.
 - C. Speaking in full sentences and pink color.
 - D. Using a spacer with albuterol.

- 3. For non-severe community-acquired pneumonia in a healthy child, what is first-line antibiotic?**
 - A. Azithromycin
 - B. Levofloxacin
 - C. Ceftriaxone
 - D. Amoxicillin

- 4. A child with chronic cough and malabsorption or failure to thrive should be evaluated for which disease?**
 - A. Pneumonia
 - B. Cystic fibrosis
 - C. Asthma
 - D. Bronchitis

- 5. Which therapy is used as the rescue medication for asthma?**
 - A. Inhaled corticosteroids daily.
 - B. Daily low-dose inhaled corticosteroids.
 - C. Short-acting beta-agonist (SABA) for rescue.
 - D. Leukotriene receptor antagonists.

- 6. Epiglottitis is best described as which of the following?**
- A. A self-limited throat infection.
 - B. A condition managed with home care.
 - C. A medical emergency requiring urgent airway evaluation.
 - D. A condition seen only in adults.
- 7. The gold-standard diagnostic test for pediatric obstructive sleep apnea is what study?**
- A. Overnight oximetry.
 - B. CT scan of the head.
 - C. Pulmonary function test.
 - D. Polysomnography.
- 8. Which are components of minimizing pulmonary complications in CF?**
- A. Compliance with chest physiotherapy, nebulizer treatments, and medications
 - B. Relying solely on antibiotics
 - C. Avoiding all physical activity
 - D. Skipping nebulizer treatments when feeling well
- 9. What does CPT stand for in CF care?**
- A. Cardio Pulmonary Therapy
 - B. Chronic Physiotherapy
 - C. Central Pressure Therapy
 - D. Chest Physiotherapy
- 10. In CF, what is the consequence of pancreatic duct blockage?**
- A. Pancreatic enzymes cannot reach the duodenum to aid digestion
 - B. Overproduction of pancreatic enzymes
 - C. Pancreas stops producing enzymes
 - D. Digestion is normal

Answers

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

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Explanations

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1. In teaching about primary prevention of foreign body aspiration, which topic is most helpful?

- A. Most common objects that toddlers aspirate**
- B. Signs and symptoms of foreign body aspiration
- C. Therapeutic management of foreign body aspiration
- D. Risks associated with foreign body aspiration

Preventing foreign body aspiration relies on identifying items that toddlers are most likely to choke on and removing or restricting access to them. When you focus on the most common aspirated objects, you can give caregivers concrete, actionable advice that reduces exposure and risk. For instance, teaching parents to avoid or modify foods that are frequent culprits (like whole grapes, nuts, or popcorn for certain ages) and to keep small household items and toy parts out of reach translates directly into fewer choking incidents. It also informs safety practices, such as selecting age-appropriate toys, supervising play, and structuring the environment to minimize opportunities for aspiration. In contrast, recognizing signs and symptoms is crucial for rapid response if an event occurs, but it addresses detection rather than prevention. Therapeutic management concerns treatment after an event has happened, not prevention. Understanding the risks associated with foreign body aspiration helps with overall risk awareness, but it doesn't provide as direct a path to preventing the event as knowing which objects most commonly cause obstructions does.

2. Which description indicates the most urgent status in a child with asthma?

- A. Wheezing with good air movement and normal oxygen saturation.
- B. Diminished breath sounds with poor air movement and low oxygen saturation.**
- C. Speaking in full sentences and pink color.
- D. Using a spacer with albuterol.

Airway obstruction severity in asthma is judged by how well air moves and how well the child is oxygenating. When breath sounds are diminished and air movement is poor, the airways are highly constricted and ventilation is severely compromised. A low oxygen saturation confirms the lungs aren't exchanging gases effectively. This combination signals an urgent need for rapid escalation of treatment and close monitoring. Wheezing with good air movement and normal oxygen saturation suggests better airflow and ventilation, not an immediate crisis. Speaking in full sentences and appearing pink indicates the child is not in acute distress. While using a spacer with albuterol is helpful therapy, it doesn't by itself indicate how severely the current attack is progressing.

3. For non-severe community-acquired pneumonia in a healthy child, what is first-line antibiotic?

- A. Azithromycin
- B. Levofloxacin
- C. Ceftriaxone
- D. Amoxicillin**

For non-severe pneumonia in a healthy child, amoxicillin is the best first-line choice because the most likely pathogen in this scenario is *Streptococcus pneumoniae*. Amoxicillin effectively treats pneumococcus, is safe for children, and can be given by mouth, which fits outpatient management of mild disease. Choosing this narrow-spectrum agent minimizes unnecessary exposure to broader antibiotics and helps combat resistance while still targeting the common bacteria responsible. If penicillin allergy or suspicion of an atypical pathogen is present, a macrolide like azithromycin might be considered, but it's not the preferred first-line in uncomplicated cases. Levofloxacin is generally avoided in children due to potential joint and tendon effects, and ceftriaxone is reserved for inpatient treatment or more severe illness.

4. A child with chronic cough and malabsorption or failure to thrive should be evaluated for which disease?

- A. Pneumonia
- B. Cystic fibrosis**
- C. Asthma
- D. Bronchitis

Chronic cough with malabsorption or failure to thrive points to a multisystem disease that affects both the airways and the digestive tract, most classically cystic fibrosis. The underlying defect causes very thick mucus that blocks airways, leading to persistent cough and recurrent respiratory infections, while also obstructing pancreatic ducts and causing pancreatic exocrine insufficiency with fat malabsorption and poor weight gain. This combination of pulmonary disease and malabsorption is characteristic and should prompt specific testing. Evaluation typically includes a sweat chloride test (high chloride supports CF), genetic testing for CFTR mutations, and assessment of pancreatic function such as stool elastase. While pneumonia, asthma, or bronchitis can cause cough, they do not inherently explain concurrent malabsorption and failure to thrive.

5. Which therapy is used as the rescue medication for asthma?

- A. Inhaled corticosteroids daily.
- B. Daily low-dose inhaled corticosteroids.
- C. Short-acting beta-agonist (SABA) for rescue.**
- D. Leukotriene receptor antagonists.

Rescue medication is all about rapidly reversing acute airway constriction. Short-acting beta-agonists provide quick bronchodilation within minutes, relaxing airway smooth muscle and opening the airways during an asthma flare or after exercise. That immediate relief is what makes them the go-to rescue therapy. Inhaled corticosteroids, whether daily or low-dose, are controllers: they reduce airway inflammation and prevent symptoms, but they don't act quickly enough to relieve an acute episode. Leukotriene receptor antagonists are another controller option used for ongoing management, not for rapid relief. So the best answer is the short-acting beta-agonist used as needed for rescue.

6. Epiglottitis is best described as which of the following?

- A. A self-limited throat infection.
- B. A condition managed with home care.
- C. A medical emergency requiring urgent airway evaluation.**
- D. A condition seen only in adults.

Epiglottitis is a medical emergency because swelling of the epiglottis can rapidly block the pediatric airway, leading to life-threatening obstruction. The critical point is that securing and protecting the airway takes priority and is usually planned in a controlled setting with anesthesia ready for endotracheal intubation or, if necessary, a surgical airway. This urgency is why home care or waiting for spontaneous resolution is inappropriate. Clinically, children often appear very ill, may drool, have fever, pain on swallowing, a muffled or "hot potato" voice, and may sit upright and anxious with distress; this presentation can deteriorate quickly, unlike self-limited throat infections. While epiglottitis can occur in adults, its dangerous potential is most pronounced in children, reinforcing the need for urgent airway evaluation and careful management rather than delaying care.

7. The gold-standard diagnostic test for pediatric obstructive sleep apnea is what study?

- A. Overnight oximetry.
- B. CT scan of the head.
- C. Pulmonary function test.

D. Polysomnography.

Diagnosing pediatric obstructive sleep apnea relies on capturing what happens during sleep. The best test for this is overnight polysomnography because it records multiple physiological signals at once—brain activity, eye movements, muscle tone, heart rate, respiratory effort, airflow, and oxygen saturation. With all of these together, we can calculate the apnea-hypopnea index and arousal index, distinguish obstructive from central events, and gauge how severe the sleep-disordered breathing is. This comprehensive picture is what makes polysomnography the definitive test for pediatric OSA and it also helps guide treatment decisions like whether adenotonsillectomy or sleep therapies are needed. Other tests don't provide the same sleep-wide view. Overnight oximetry only tracks oxygen levels and can miss events or mislead if desaturations aren't present; CT imaging is structural and doesn't assess sleep-related breathing; pulmonary function tests evaluate lung mechanics but not sleep-related airway obstruction.

8. Which are components of minimizing pulmonary complications in CF?

- A. Compliance with chest physiotherapy, nebulizer treatments, and medications
- B. Relying solely on antibiotics
- C. Avoiding all physical activity

D. Skipping nebulizer treatments when feeling well

Regular airway clearance and adherence to a multi-modal treatment plan are essential in CF to minimize pulmonary complications. Chest physiotherapy helps loosen and mobilize mucus so it can be coughed out, reducing mucus plugging and infection risk. Nebulized treatments deliver medications directly to the airways, helping to thin secretions, open airways, and control infections when indicated. Taking prescribed medications consistently supports airway hygiene and reduces inflammation, which protects lung function over time. Together, these strategies reduce the ongoing burden of lung disease in CF and lower the chance of hospitalizations and decline in breathing. Relying only on antibiotics misses the ongoing need to keep airways clear and functioning. Avoiding physical activity reduces overall conditioning and mucus clearance, which can worsen lung health. Skipping nebulizer treatments when feeling well undermines maintenance therapy and can lead to mucus buildup and infections.

9. What does CPT stand for in CF care?

- A. Cardio Pulmonary Therapy
- B. Chronic Physiotherapy
- C. Central Pressure Therapy

D. Chest Physiotherapy

In cystic fibrosis care, CPT stands for Chest Physiotherapy, an airway clearance technique used to loosen and remove thick lung mucus. It typically involves chest percussion or clapping, sometimes vibration, and purposeful positions to encourage drainage, followed by a productive cough to clear mucus. The aim is to improve air exchange, reduce infection risk, and help maintain lung function. The other terms don't fit because they aren't standard CF airway clearance names: Cardio Pulmonary Therapy and Central Pressure Therapy aren't recognized CF techniques, and Chronic Physiotherapy is a generic, non-specific term rather than the specific CF method of chest physiotherapy.

10. In CF, what is the consequence of pancreatic duct blockage?

- A. Pancreatic enzymes cannot reach the duodenum to aid digestion
- B. Overproduction of pancreatic enzymes
- C. Pancreas stops producing enzymes
- D. Digestion is normal**

In cystic fibrosis, thick secretions block the pancreatic ducts, so the exocrine pancreas cannot deliver its enzymes into the small intestine. Because these enzymes—especially lipase—are not reaching the duodenum, digestion of fats (and other nutrients) is impaired, leading to malabsorption and often steatorrhea. The pancreas may still produce enzymes, but their delivery is blocked, so digestion isn't normal. This is why the statement that digestion remains normal isn't accurate, and the description that pancreatic enzymes can't reach the duodenum to aid digestion best fits the situation. Pancreatic enzyme replacement is a key part of management to address this deficiency.

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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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