

Pediatrics Assignment Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

| | |
|------------------------------------|-----------|
| Copyright | 1 |
| Table of Contents | 2 |
| Introduction | 3 |
| How to Use This Guide | 4 |
| Questions | 5 |
| Answers | 9 |
| Explanations | 11 |
| Next Steps | 17 |

SAMPLE

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

SAMPLE

- 1. In the context of galactosemia as described, which enzyme deficiency is cited as absent?**
 - A. Galactokinase**
 - B. Galactose-1-phosphate uridylyltransferase**
 - C. Lactase**
 - D. Glucokinase**

- 2. The nurse is caring for a female client with scoliosis who had a posterior spinal fusion and is in a body jacket cast. Which assessment finding indicates to the nurse the client is developing cast syndrome?**
 - A. Abdominal distention.**
 - B. "Hot spot" felt on cast.**
 - C. Diminished pulses in the foot.**
 - D. Musty, unpleasant odor to cast.**

- 3. A 15-year-old girl tells the school nurse that she wants to have a baby. How should the nurse respond?**
 - A. Will you be able to support the baby?**
 - B. Do you have plans to continue school?**
 - C. Have you talked with your parents about this?**
 - D. Can you tell me how your life will be if you have an infant?**

- 4. What is the best action when initiating contact with a toddler for the first time?**
 - A. Ask the toddler to point to where it hurts.**
 - B. Kneel in front of the toddler and speak softly to the child.**
 - C. Tell the child your name and that you are the nurse.**
 - D. Call the child by name while picking up the toddler.**

- 5. Which clue in the evaluation of pediatric trauma would most strongly suggest abuse rather than an accidental injury?**
 - A. The child cannot recall how the injury occurred.**
 - B. The parents are calm in the emergency department.**
 - C. The injury is highly unusual for a child of that age.**
 - D. The child was doing something unsafe when the injury occurred.**

- 6. In a 6-year-old with a systolic blood pressure of 58 mm Hg, what action should the nurse take first?**
- A. Alert the healthcare provider.**
 - B. Assess responsiveness.**
 - C. Initiate IV fluid replacement.**
 - D. Comfort the child.**
- 7. During the well-child assessment, the parents of a 4-year-old express concern that their child often chatters while playing alone. What information should the nurse provide the parents?**
- A. "Private speech" is normal at this age and serves as a problem-solving tool.**
 - B. The child is attempting to formulate a secondary language.**
 - C. This is an attempt by the child to form an imaginary social base.**
 - D. Concern for psychological development is warranted so further testing is required.**
- 8. A mother expresses concern to the nurse about the behavior of her 15-year-old adolescent who is frequently finding fault and criticizing her. What information should the nurse provide?**
- A. The family value system may need to be changed to meet the teen's changing needs.**
 - B. Teens create psychological distance from parents in order to separate from them.**
 - C. Parents should relinquish their relationship with their teen to the teen's peers.**
 - D. Conflicts in the parent-teen relationship are to be expected during adolescence.**
- 9. Which postoperative action is commonly included in the plan to monitor a patient after spinal surgery?**
- A. Record intake and output every 8 hours.**
 - B. Elevate the head of the bed 30 degrees.**
 - C. Assess bowel sounds every 4 hours.**
 - D. Ambulate for 5 minutes 12 hours postoperative.**

10. Which analgesic regimen is appropriate for postoperative pain management after scoliosis surgery?

- A. Morphine 2 mg IV every 4 hours PRN**
- B. Hydromorphone 0.2 mg IV every 4 hours PRN**
- C. Acetaminophen 15 mg/kg IV every 4 hours PRN**
- D. Ibuprofen 10 mg/kg every 6 hours PRN**

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. In the context of galactosemia as described, which enzyme deficiency is cited as absent?

A. Galactokinase

B. Galactose-1-phosphate uridylyltransferase

C. Lactase

D. Glucokinase

Galactose metabolism starts with a step that traps galactose by adding a phosphate group, turning it into galactose-1-phosphate. If this first enzyme is missing, galactose cannot enter the normal pathway, so free galactose accumulates. The excess galactose is then diverted by other enzymes to galactitol, which can build up in tissues such as the lens and lead to cataracts. This pattern explains why the described scenario points to the absence of galactokinase: the defect is at the initial phosphorylation step, before galactose-1-phosphate is formed. In contrast, lactose intolerance due to lactase deficiency involves the gut enzyme that breaks down lactose into glucose and galactose and does not produce the systemic features of galactosemia. Glucokinase acts on glucose, not galactose, so it wouldn't be the missing enzyme in galactose metabolism. And deficiency of galactose-1-phosphate uridylyltransferase causes classic galactosemia with a different, typically more severe set of manifestations, due to buildup of galactose-1-phosphate rather than free galactose.

2. The nurse is caring for a female client with scoliosis who had a posterior spinal fusion and is in a body jacket cast. Which assessment finding indicates to the nurse the client is developing cast syndrome?

A. Abdominal distention.

B. "Hot spot" felt on cast.

C. Diminished pulses in the foot.

D. Musty, unpleasant odor to cast.

Cast syndrome is a gastrointestinal complication that can occur when a body cast or extensive spinal immobilization exerts pressure on abdominal structures, leading to partial obstruction of the duodenum and resulting in gas and fluid buildup in the intestines. The most telling sign is abdominal distention, which reflects this obstruction and its impact on digestion and gastric emptying. Nausea and vomiting may accompany the distention as the bowel becomes less able to move contents forward. In contrast, a localized hot spot on the cast points to skin irritation or a potential pressure sore under the cast. Diminished pulses in the foot would raise concern for vascular compromise or an overly tight cast, but not cast syndrome itself. A musty, unpleasant odor from the cast would suggest cast contamination or skin infection rather than a GI obstruction from the cast. Thus abdominal distention best indicates cast syndrome and should lead to prompt assessment of cast fit and GI function.

3. A 15-year-old girl tells the school nurse that she wants to have a baby. How should the nurse respond?
- A. Will you be able to support the baby?
 - B. Do you have plans to continue school?
 - C. Have you talked with your parents about this?**
 - D. Can you tell me how your life will be if you have an infant?

Opening a conversation that invites parental involvement is the appropriate first step when an adolescent expresses interest in pregnancy. This response signals support and helps determine the teen's available support system, safety, and resources. By asking if she has talked with her parents, the nurse creates an opportunity to engage a trusted adult who can help her navigate medical, educational, and psychosocial consequences of teen pregnancy, while staying nonjudgmental. It also lays groundwork to discuss essential topics such as pregnancy options, prenatal care if pregnancy occurs, contraception to prevent or space future pregnancies, STI screening, and plans for school and future health. This approach respects the teen's context and fosters a supportive network, which is more constructive at this moment than questions about finances or hypothetical life scenarios, which don't promptly connect her to family support and comprehensive guidance.

4. What is the best action when initiating contact with a toddler for the first time?
- A. Ask the toddler to point to where it hurts.
 - B. Kneel in front of the toddler and speak softly to the child.**
 - C. Tell the child your name and that you are the nurse.
 - D. Call the child by name while picking up the toddler.

Approaching a toddler at their eye level and speaking in a calm, soft voice is the best first step because it creates safety and trust. When you kneel or sit to be on the child's level, you reduce the intimidating height difference and show that you're there to help, not to overwhelm. A gentle tone helps regulate the child's arousal, making it easier for them to orient to you, make eye contact, and begin to cooperate. This foundation is important before asking questions, sharing your name, or performing any touch or interaction. Introducing yourself and your role is good, but it should come after you've established a reassuring, nonthreatening presence. Moving in too quickly to pick up or grab the child can trigger fear or resistance, whereas meeting them at their level with a soft voice invites trust and smoother communication.

5. Which clue in the evaluation of pediatric trauma would most strongly suggest abuse rather than an accidental injury?
- A. The child cannot recall how the injury occurred.
 - B. The parents are calm in the emergency department.
 - C. The injury is highly unusual for a child of that age.**
 - D. The child was doing something unsafe when the injury occurred.

A finding that an injury is highly unusual for the child's age is the strongest clue for abuse because injuries must align with what a child can do at that developmental stage. If a young, non-ambulatory child has a fracture or injury that requires a level of force or a mechanism that would not be expected from typical play or activities at that age, it raises suspicion that someone else caused it. In contrast, not remembering how the incident happened can occur from fear or confusion, calm parental behavior in the ED is not itself diagnostic, and an injury occurring during unsafe activity can still be accidental if the activity is plausible for the child's age.

6. In a 6-year-old with a systolic blood pressure of 58 mm Hg, what action should the nurse take first?
- A. Alert the healthcare provider.**
 - B. Assess responsiveness.
 - C. Initiate IV fluid replacement.
 - D. Comfort the child.

Recognize that a systolic blood pressure this low in a child signals life-threatening shock and requires immediate escalation of care. In a 6-year-old, a systolic BP of 58 mm Hg is far below normal and indicates severely compromised perfusion. The priority is to notify the healthcare provider right away so orders for rapid resuscitation can be issued (such as a swift isotonic fluid bolus and further interventions). Comforting the child or delaying action won't address the underlying critical condition. While you'll continue to monitor responsiveness and prepare for possible interventions, getting the clinician involved first is the fastest way to mobilize the needed treatment and meet the child's urgent needs.

7. During the well-child assessment, the parents of a 4-year-old express concern that their child often chatters while playing alone. What information should the nurse provide the parents?

- A. "Private speech" is normal at this age and serves as a problem-solving tool.**
- B. The child is attempting to formulate a secondary language.**
- C. This is an attempt by the child to form an imaginary social base.**
- D. Concern for psychological development is warranted so further testing is required.**

Private speech, or talking to oneself during activities, is a normal part of preschool development. At about four years old, children often chitchat as they play to guide their thinking, plan steps, and solve problems. This external self-talk helps them stay focused and regulate their behavior, and it typically becomes quieter as inner speech develops. So hearing a four-year-old chat while playing alone fits this typical pattern and does not indicate a problem. Reassure the parents that this behavior is common for this age and reflects cognitive self-regulation rather than a sign of a psychological issue or a need for testing. If there were additional concerns—such as not talking at all, limited social interaction, minimal pretend play, or significant language delays—then evaluation would be more appropriate.

8. A mother expresses concern to the nurse about the behavior of her 15-year-old adolescent who is frequently finding fault and criticizing her. What information should the nurse provide?

- A. The family value system may need to be changed to meet the teen's changing needs.**
- B. Teens create psychological distance from parents in order to separate from them.**
- C. Parents should relinquish their relationship with their teen to the teen's peers.**
- D. Conflicts in the parent-teen relationship are to be expected during adolescence.**

Adolescence brings a shift in how family values and boundaries work as teens push for more autonomy. When a 15-year-old frequently finds fault with a parent, it signals the need to renegotiate family dynamics rather than simply labeling the behavior as bad. The nurse should guide the mother to consider adjusting the family value system to fit the teen's changing needs—reassessing rules, communication patterns, and responsibilities so the teen feels respected while still receiving guidance. This approach helps maintain the parent-child relationship while supporting growing independence. Teens do show some distancing and require autonomy, but the main action is not about pushing distance or handing over control to peers. Occasional conflicts are common, but simply noting that isn't enough to help families navigate the change. The constructive guidance is to adapt the values and expectations within the family to meet the developmental shifts.

9. Which postoperative action is commonly included in the plan to monitor a patient after spinal surgery?

- A. Record intake and output every 8 hours.**
- B. Elevate the head of the bed 30 degrees.**
- C. Assess bowel sounds every 4 hours.**
- D. Ambulate for 5 minutes 12 hours postoperative.**

The idea being tested is the importance of tracking a patient's fluid balance after surgery. Recording intake and output every 8 hours provides a simple, ongoing picture of hydration and kidney function and helps detect problems early. By comparing what the patient takes in with what they excrete (urine, drain losses, sometimes other outputs), the nursing team can spot dehydration or overhydration, identify urinary retention, and monitor for unusual losses that might indicate excess bleeding or wound drainage. This routine measurement is a standard part of postoperative care because fluid shifts and the effects of anesthesia and pain meds can quickly affect a patient's status. The other actions are more situational. Elevating the head of the bed to 30 degrees may be restricted after spinal surgery because maintaining proper spinal alignment and reducing pressure on the operative site are priorities, so this isn't universally applicable right away. Checking bowel sounds every 4 hours and ambulating for a short period 12 hours post-op depend on the specific procedure and surgeon's protocol; they're not as universally applicable as routine intake/output monitoring in the immediate postoperative plan.

10. Which analgesic regimen is appropriate for postoperative pain management after scoliosis surgery?

- A. Morphine 2 mg IV every 4 hours PRN**
- B. Hydromorphone 0.2 mg IV every 4 hours PRN**
- C. Acetaminophen 15 mg/kg IV every 4 hours PRN**
- D. Ibuprofen 10 mg/kg every 6 hours PRN**

Multimodal analgesia is the goal after major pediatric spine surgery: use multiple ways to control pain while minimizing opioid use and protecting healing. Intravenous acetaminophen fits this approach well because it provides solid analgesia without the respiratory depressant, sedative, or gastrointestinal side effects associated with opioids. It's also a non-opioid option that can be given early in the postop period when oral intake isn't reliable yet, helping to keep pain under control without heavy reliance on opioids. In the specific context of scoliosis surgery, avoiding NSAIDs right after surgery is often preferred due to theoretical (and some practical) concerns that they might interfere with bone healing and fusion, so relying on acetaminophen as a base analgesic is advantageous. Opioids, while effective, carry higher risks of respiratory depression, nausea, and constipation, making a regimen focused on acetaminophen plus careful opioid-sparing strategies more favorable for initial pain control. Ibuprofen would add an NSAID, which is the concern here, and thus is less ideal as the primary regimen immediately postoperatively. So, using intravenous acetaminophen at the stated pediatric dose provides reliable pain relief with a safer profile in the immediate postop period after scoliosis surgery, aligning with a multimodal plan to minimize opioid exposure while safeguarding healing.

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://pediatricsassignment.examzify.com>

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

SAMPLE