

PEDIATRICS ASSIGNMENT PRACTICE EXAM (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

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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 a seven-month old infant admitted with nonorganic failure to thrive (NFTT), which intervention is most important for the nurse to implement?**
 - A. Demonstrate feeding strategies and infant cues that indicate hunger and satiation.
 - B. Encourage the parents to participate in a planned program of play with the infant.
 - C. Refer the parents for psychological counseling to identify parental detachment.
 - D. Provide instructions about formula preparation and feeding schedules.

- 2. What daily iron dose is commonly used to treat pediatric iron deficiency anemia?**
 - A. 1–2 mg/kg per day
 - B. 2–4 mg/kg per day
 - C. 5–7 mg/kg per day
 - D. 3–6 mg/kg per day, typically divided into 2 doses

- 3. Which neurological test best assesses cerebellar function in a young child?**
 - A. Quadriceps reflex
 - B. Finger-to-nose
 - C. Two-point discrimination
 - D. Ability to follow directions

- 4. By around 12 months, which language milestone is expected?**
 - A. Says 1–2 meaningful words and responds to name
 - B. Says several words and points to body parts
 - C. Babbles but does not respond to name
 - D. Uses complete sentences

- 5. What is the first-line antibiotic for uncomplicated acute otitis media in children aged 2–12 years?**
 - A. High-dose amoxicillin
 - B. Azithromycin
 - C. Amoxicillin-clavulanate
 - D. Cefdinir

- 6. 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.
- 7. Which pain-assessment tool is appropriate to use for a 4-year-old in the emergency department?**
- A. Descriptor Scale.
 - B. Brief Pain Inventory.
 - C. A numeric rating scale.
 - D. Wong-Baker FACES Scale.
- 8. The nurse is triaging a child with a fever brought to the emergency department by the parents. Which finding requires the nurse's immediate intervention?**
- A. Prolonged exhalations.
 - B. Thick yellow rhinorrhea.
 - C. Frequent nonproductive cough.
 - D. Oxygen saturation is 95% by pulse oximeter.
- 9. After discussing the introduction of solid foods with the mother of a 6-month-old infant, the nurse determines that the mother understands the information when she states that the first food is from which food group?**
- A. Rice cereal
 - B. Fruits
 - C. Egg yolks
 - D. Yellow vegetables
- 10. Which statement about infancy growth spurts is true?**
- A. Birth weight quadrupled by 6 months.
 - B. Birth weight is doubled by 4 to 6 months.
 - C. Birth weight remains the same for the first year.
 - D. Birth weight triples by 6 months.

Answers

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

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Explanations

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1. In a seven-month old infant admitted with nonorganic failure to thrive (NFTT), which intervention is most important for the nurse to implement?

- A. Demonstrate feeding strategies and infant cues that indicate hunger and satiation.**
- B. Encourage the parents to participate in a planned program of play with the infant.
- C. Refer the parents for psychological counseling to identify parental detachment.
- D. Provide instructions about formula preparation and feeding schedules.

Responsive feeding is the key idea here. In nonorganic failure to thrive, the infant's growth problems often stem from feeding interactions rather than an underlying medical illness. Teaching parents to recognize hunger and fullness cues and to respond with appropriate feeding strategies helps ensure the infant receives adequate calories and develops healthy eating patterns. Demonstrating how to read cues—such as rooting, sucking, and increased activity when hungry, versus slowing, turning away, or stopping when satiated—helps caregivers feed the infant responsively rather than on a fixed schedule or by pressure. This approach directly improves intake, supports growth, and also enhances caregiver-infant bonding and caregiver confidence. While other supports like play or counseling and straightforward formula instructions have value, they don't address the core issue of feeding responsiveness as effectively. Demonstrating feeding strategies and cue recognition provides the practical skills parents need to meet the infant's needs and promote steady weight gain.

2. What daily iron dose is commonly used to treat pediatric iron deficiency anemia?

- A. 1–2 mg/kg per day
- B. 2–4 mg/kg per day
- C. 5–7 mg/kg per day
- D. 3–6 mg/kg per day, typically divided into 2 doses**

Oral iron therapy for pediatric iron deficiency anemia uses elemental iron dosed by body weight at about 3–6 mg per kilogram per day, usually split into two doses. Splitting the dose helps with tolerability and absorption because iron absorption can be limited by high daily amounts, and dividing it reduces GI side effects like nausea, constipation, and upset stomach. For best results, take the iron with a source of vitamin C to boost absorption, and try to avoid taking it with calcium-containing foods or antacids around the dosing time, since calcium can hinder iron absorption. This dosing range provides enough iron to replenish stores efficiently while keeping side effects manageable; clinicians tailor within this range based on severity and response, and therapy typically continues for about three months after hemoglobin normalizes to rebuild iron stores, with follow-up labs to confirm improvement.

3. Which neurological test best assesses cerebellar function in a young child?

- A. Quadriceps reflex
- B. Finger-to-nose**
- C. Two-point discrimination
- D. Ability to follow directions

Assessing cerebellar coordination in a young child is best done with the finger-to-nose test because it directly probes the precise, smooth, coordinated aiming movements that the cerebellum controls. In this task, the child repeatedly reaches from their nose to a target (the examiner's finger) and back, and a normal result shows accurate, fluid motion. If cerebellar function is impaired, you'll often see dysmetria (overshooting or undershooting the target), an intention tremor, or a breakdown of smooth movement. These signs reflect the cerebellum's role in calibrating movement and correcting errors in real time. The other tests tap different systems: a quadriceps reflex assesses the spinal reflex arc and peripheral nerve/muscle function; two-point discrimination tests tactile discrimination and dorsal column–medial lemniscus pathways; and following directions measures language, attention, and higher cognitive skills rather than cerebellar coordination. Therefore, finger-to-nose is the most direct way to evaluate cerebellar function in a young child.

4. By around 12 months, which language milestone is expected?

- A. Says 1–2 meaningful words and responds to name**
- B. Says several words and points to body parts
- C. Babbles but does not respond to name
- D. Uses complete sentences

By around one year, language development typically includes saying one or two meaningful words and responding to their name. This shows the transition from initial babbling to first expressive words, while also demonstrating receptive language by recognizing their own name, a key social-communication cue. The other scenarios describe skills that usually appear later: having several words and pointing to body parts develops in the second year or later; babbling without responding to name fits earlier infancy; and using complete sentences is something expected well after the first year.

5. What is the first-line antibiotic for uncomplicated acute otitis media in children aged 2–12 years?

- A. High-dose amoxicillin**
- B. Azithromycin
- C. Amoxicillin-clavulanate
- D. Cefdinir

High-dose amoxicillin is the best first-line option for uncomplicated acute otitis media in a healthy child aged 2–12 because it reliably targets the common ear pathogens, especially *Streptococcus pneumoniae*, and the higher dose ensures sufficient drug reaches the middle ear even when some strains show reduced penicillin sensitivity. This approach uses a narrow, effective antibiotic with a favorable safety and cost profile, maximizing cure rates while minimizing broader-spectrum overuse. Azithromycin is avoided as the first choice because pneumococcus resistance is higher and middle-ear penetration is not as reliable, reducing its effectiveness in AOM. Amoxicillin-clavulanate broadens coverage to beta-lactamase–producing organisms, but it brings more side effects and cost, so it's typically reserved for specific circumstances such as treatment failure on amoxicillin, recent antibiotics, or particular risk factors. Cefdinir can be an alternative if a penicillin allergy or intolerance is present, but it isn't preferred in uncomplicated cases due to similar efficacy with potentially more GI effects and higher cost. Recommended dosing for the first-line option is about 80–90 mg/kg/day of amoxicillin, divided twice daily, for 5–7 days depending on age and severity.

6. 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.

7. Which pain-assessment tool is appropriate to use for a 4-year-old in the emergency department?

- A. Descriptor Scale.
- B. Brief Pain Inventory.
- C. A numeric rating scale.
- D. Wong-Baker FACES Scale.**

In young children, pain assessment relies on an age-appropriate, simple self-report method that a preschooler can understand without needing reading or abstract numbers. The Wong-Baker FACES Scale fits this well because it uses a short sequence of facial expressions that clearly map to increasing pain intensity. A 4-year-old can look at the faces and point to the one that matches how they feel, which makes it quick, reliable, and easy to use in a busy emergency department. Other tools are less suitable for this age. The Brief Pain Inventory is lengthy and designed for older kids or adults, focusing on multiple domains of pain over time, which isn't practical in the ED for a preschooler. The Descriptor Scale uses words to describe pain, which requires understanding and comparing different descriptors—this can be challenging for a 4-year-old who may not have the language or the ability to reliably map feelings to words. The numeric rating scale asks the child to assign a number to their pain, an abstract concept that is hard for preschoolers who haven't mastered consistent numeric understanding. So, the Wong-Baker FACES Scale is the best choice here because it aligns with the child's developmental level, is quick to administer, and provides a clear, observable way to gauge pain intensity in an emergency setting.

8. The nurse is triaging a child with a fever brought to the emergency department by the parents. Which finding requires the nurse's immediate intervention?

- A. Prolonged exhalations.
- B. Thick yellow rhinorrhea.
- C. Frequent nonproductive cough.
- D. Oxygen saturation is 95% by pulse oximeter.

The main idea here is recognizing signs of respiratory distress and airway obstruction in a febrile child. Prolonged exhalations mean the child is expelling air more slowly than normal due to narrowed airways, which increases the work of breathing and signals significant airway obstruction. In kids, even small changes can quickly worsen, so this finding flags an urgent need to assess and intervene to support breathing and oxygen delivery. Other findings are less immediately dangerous on their own. Thick yellow nasal discharge suggests a viral upper respiratory infection and isn't an urgent airway threat. A frequent nonproductive cough can occur with viral illnesses and, by itself, doesn't indicate imminent respiratory failure. An oxygen saturation of 95% by pulse oximetry shows adequate oxygenation at rest, so it doesn't mandate immediate intervention beyond close monitoring. So the presence of prolonged exhalations identifies a potentially life-threatening respiratory status that requires rapid assessment and action.

9. After discussing the introduction of solid foods with the mother of a 6-month-old infant, the nurse determines that the mother understands the information when she states that the first food is from which food group?

- A. Rice cereal
- B. Fruits
- C. Egg yolks
- D. Yellow vegetables

The main idea is to start solids with an iron rich, easily digestible food. At about 6 months, an infant's iron stores are depleting and breast milk alone may not meet iron needs in the long run. Rice cereal, usually iron fortified and single grain, provides a gentle texture for initial spoon feeding while helping to boost iron intake. Fruits don't address iron needs right away, egg yolk can be a potential allergen and isn't typically chosen as the first food, and yellow vegetables, though healthy, aren't the best early source of iron. So choosing rice cereal aligns with meeting early iron requirements in a practical, tolerable first solid food.

10. Which statement about infancy growth spurts is true?

- A. Birth weight quadrupled by 6 months.
- B. Birth weight is doubled by 4 to 6 months.
- C. Birth weight remains the same for the first year.
- D. Birth weight triples by 6 months.

Infancy is a period of rapid weight gain, especially in the first half-year. By about four to six months, a healthy baby typically doubles their birth weight, reflecting strong feeding and overall growth during this time. After this milestone, growth continues, and by about one year many babies have tripled their birth weight. The other ideas don't fit the usual pattern: quadrupling by six months would require an unrealistically fast rate of growth, weight remaining the same in the first year is not consistent with normal development, and tripling by six months occurs earlier than commonly expected.

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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