

PLAB PEDIATRICS PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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 pediatric patient with a head injury and a GCS less than 14, what is the best investigation?**
 - A. Facial X-ray
 - B. CT scan
 - C. Conventional X-ray
 - D. MRI

- 2. What is the primary treatment for Meckel's diverticulum?**
 - A. Medical management
 - B. Surgical resection
 - C. Observation
 - D. Antibiotic therapy

- 3. What condition is indicated by sudden onset of green, bilious vomiting and blood per rectum in neonates?**
 - A. Celiac disease
 - B. Pyloric stenosis
 - C. Duodenal atresia
 - D. Malrotation with volvulus

- 4. What type of rash is typically observed after the fever in roseola infantum?**
 - A. Maculopapular rash
 - B. Vesicular rash
 - C. Petechial rash
 - D. Papular rash

- 5. For a child diagnosed with vesicoureteral reflux, what is the most appropriate next step in treatment?**
 - A. Immediate surgery
 - B. Prophylactic antibiotics
 - C. Observation without treatment
 - D. High-dose antibiotics

- 6. Which age group is typically at higher risk for complications from an inguinal hernia?**
- A. Boys under 10 years
 - B. Girls of any age
 - C. Infants only
 - D. Children over 15 years
- 7. At what age can infants typically say monosyllabic words?**
- A. 3 months
 - B. 6 months
 - C. 9 months
 - D. 1 year
- 8. What is a key developmental feature of Rett syndrome?**
- A. Developmental regression after normal development for 2-3 years
 - B. Delayed speech and language development
 - C. Persistent developmental delays from birth
 - D. Normal growth without any regression
- 9. In the management of non-accidental injury in children, what is the first priority?**
- A. Contact law enforcement
 - B. Admit the child to ensure safety
 - C. Conduct immediate physical examinations
 - D. Inform the media
- 10. In treating recurrent chest infections in cystic fibrosis, which of the following is NOT typically included?**
- A. Oxygen therapy
 - B. Chest physiotherapy
 - C. Antibiotics
 - D. Antihistamines

Answers

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

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Explanations

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1. In a pediatric patient with a head injury and a GCS less than 14, what is the best investigation?

- A. Facial X-ray
- B. CT scan**
- C. Conventional X-ray
- D. MRI

In the case of a pediatric patient who has sustained a head injury and has a Glasgow Coma Scale (GCS) score of less than 14, the most appropriate investigation is a CT scan. A GCS score below 14 indicates a moderate to severe head injury, raising concerns about potential intracranial complications like hemorrhages, contusions, or skull fractures. A CT scan is favored in these scenarios because it provides rapid assessment of the brain's anatomy and can effectively identify acute traumatic conditions such as bleeding or swelling. It is particularly useful in emergency settings due to its accessibility and speed, allowing for timely intervention if necessary. Other imaging modalities, while useful in different contexts, are not optimal for initial assessment of acute head injuries. For instance, facial X-rays are focused on facial bones and would not give information about the brain or intracranial structures. Conventional X-rays primarily evaluate for skull fractures but are limited in assessing soft tissue and brain injury. MRI offers excellent detail for soft tissues and chronic brain injuries but is not suitable in acute settings due to longer acquisition times and the need for the patient to remain still, which may not be feasible for unstable or agitated individuals. Thus, the CT scan is the best choice for evaluating a

2. What is the primary treatment for Meckel's diverticulum?

- A. Medical management
- B. Surgical resection**
- C. Observation
- D. Antibiotic therapy

The primary treatment for Meckel's diverticulum is surgical resection. This approach is recommended because Meckel's diverticulum can lead to complications such as bleeding, inflammation, or obstruction, which often necessitate surgical intervention. The surgical procedure involves removing the diverticulum and any adjacent affected bowel tissue if necessary. This treatment not only resolves the immediate complications but also prevents the recurrence of issues associated with the diverticulum, as it is considered a congenital anomaly that does not typically resolve on its own. In cases where patients are asymptomatic and the diverticulum is discovered incidentally, observation might be considered, but for symptomatic cases, surgical resection is the definitive management. The other options, such as medical management or antibiotic therapy, would not address the underlying structural issue present with Meckel's diverticulum and therefore are not effective as primary treatments.

3. What condition is indicated by sudden onset of green, bilious vomiting and blood per rectum in neonates?

- A. Celiac disease
- B. Pyloric stenosis
- C. Duodenal atresia
- D. Malrotation with volvulus**

The scenario described, which involves sudden onset of green, bilious vomiting and blood per rectum in neonates, is indicative of malrotation with volvulus. This condition occurs when the normal embryonic rotation of the intestine does not take place correctly, leading to abnormal positioning of the intestines. The volvulus refers to the twisting of the intestine, which can cause obstruction and potentially compromise blood supply to the affected segment of the bowel. The presence of bilious vomiting is significant as it suggests that the obstruction is distal to the entry of bile into the gastrointestinal tract, indicating that the obstruction is severe. The blood per rectum can result from ischemic necrosis of the bowel due to the compromised blood supply from the twisted structures. This is a medical emergency that requires prompt surgical intervention to correct the malrotation and relieve the volvulus to prevent intestinal necrosis. In contrast, celiac disease typically presents later in life and is not acute in nature. Pyloric stenosis generally results in projectile non-bilious vomiting due to gastric outlet obstruction, and duodenal atresia is often associated with bilious vomiting but typically presents with a "double bubble" sign on X-ray and does not often lead to bloody stools in neonates. Thus

4. What type of rash is typically observed after the fever in roseola infantum?

- A. Maculopapular rash**
- B. Vesicular rash
- C. Petechial rash
- D. Papular rash

In roseola infantum, often caused by human herpesvirus type 6 (HHV-6), the rash is typically maculopapular and appears after the resolution of a high fever that usually lasts for three to five days. This rash usually starts on the trunk and can spread to the face and extremities. The maculopapular nature means that the rash consists of both flat (macules) and slightly raised (papules) areas, and it usually does not itch. The characteristic timing of the rash appearance, following the fever, is crucial in distinguishing roseola from other viral exanthems that may present with a rash during the febrile phase. Understanding these details can help in diagnosing roseola, as well as in providing reassurance to parents about the self-limiting nature of the illness. Other types of rashes associated with viral infections may have different characteristics and presentations.

5. For a child diagnosed with vesicoureteral reflux, what is the most appropriate next step in treatment?

- A. Immediate surgery
- B. Prophylactic antibiotics**
- C. Observation without treatment
- D. High-dose antibiotics

In the case of a child diagnosed with vesicoureteral reflux (VUR), the most appropriate next step in treatment is prophylactic antibiotics. VUR is a condition where urine flows backward from the bladder into the kidneys, increasing the risk of urinary tract infections (UTIs). Children with VUR are particularly vulnerable to such infections, which can lead to significant complications, including kidney damage. Prophylactic antibiotics help reduce the incidence of UTIs by providing a continuous low-level antibacterial effect. This is crucial in pediatric patients with VUR, as they may not exhibit classic symptoms of infections, and the risk of renal damage is a significant concern. Using prophylactic antibiotics allows for the prevention of infections and helps protect kidney function while monitoring the condition over time. While surgery is an option for severe cases of VUR that do not respond to antibiotics, it is not typically the first step in treatment. Observation without treatment may be considered in very mild cases or in particular situations, but it does not address the immediate risk of UTIs. High-dose antibiotics would not be appropriate as a continuous management strategy because they may lead to adverse effects and antibiotic resistance without addressing the underlying issue of recurrent infections. Thus, prophylactic antibiotics are the most suitable and widely

6. Which age group is typically at higher risk for complications from an inguinal hernia?

- A. Boys under 10 years**
- B. Girls of any age
- C. Infants only
- D. Children over 15 years

The age group most commonly at higher risk for complications from an inguinal hernia is boys under 10 years. Inguinal hernias occur more frequently in males due to the anatomical differences in the inguinal canal and its development. In infancy and early childhood, the risk for incarceration (where the hernia becomes trapped) and strangulation (where blood supply is compromised) is particularly elevated. For infants, their body and musculoskeletal structure are still developing, making them more vulnerable to complications arising from a hernia. The hernia may not only present physically but can also lead to emergency situations if the blood supply to the herniated tissue is cut off. In older children and adolescents, while inguinal hernias can still occur, the rates of complications tend to decrease as children grow and their anatomy matures. This is why the focus is more on the younger demographic, specifically boys under 10, as the risk is notably higher in this group.

7. At what age can infants typically say monosyllabic words?

- A. 3 months
- B. 6 months**
- C. 9 months
- D. 1 year

Infants typically begin to say monosyllabic words around the age of 9 months. This is a developmental milestone where babies start to articulate simple sounds that can resemble words, such as "ma" or "da." By this age, they have usually developed the necessary motor skills and vocal capabilities to produce these basic sounds, which are often aligned with their attempts to communicate with caregivers. Around 6 months, infants are more engaged in babbling rather than forming actual words, producing repetitive consonant-vowel combinations like "bababa" or "dadada." While some sounds may resemble words, they are not purposeful speech at this stage. By the first year, particularly around 12 months, children typically begin to vocalize true monosyllabic words with meaning, such as "mama" or "dada," in reference to their parents. Thus, recognizing that the onset of true monosyllabic speech appears more reliably around 9 months provides clarity in understanding the typical language development sequence in infants.

8. What is a key developmental feature of Rett syndrome?

- A. Developmental regression after normal development for 2-3 years**
- B. Delayed speech and language development
- C. Persistent developmental delays from birth
- D. Normal growth without any regression

A key developmental feature of Rett syndrome is the pattern of developmental regression that occurs after a period of seemingly normal development, typically around 6 to 18 months of age. Initially, children with Rett syndrome appear to develop normally during the first few years of life, reaching typical milestones such as walking and language skills. However, following this initial phase, they experience a loss of previously acquired skills, which is a hallmark of the syndrome. This developmental regression can manifest as the loss of purposeful hand skills, the onset of repetitive hand movements, and deteriorating social and communication abilities. Such a regression is critical in diagnosing Rett syndrome and distinguishes it from other developmental disorders that typically present with persistent delays from birth. Therefore, the presence of normal early development followed by a significant decline in function is what characterizes this condition.

9. In the management of non-accidental injury in children, what is the first priority?

- A. Contact law enforcement
- B. Admit the child to ensure safety**
- C. Conduct immediate physical examinations
- D. Inform the media

In cases of suspected non-accidental injury in children, the first priority is to ensure the safety of the child. This involves admitting the child to a safe environment where further assessment can be conducted without the risk of further harm. The immediate focus is on safeguarding the child from any potential ongoing abuse or danger, which is fundamental to their well-being. Once the child's safety is secured, subsequent steps such as contacting law enforcement, conducting physical examinations, or involving other agencies can be addressed. However, ensuring a safe space for the child to prevent any immediate threat is paramount. This approach aligns with the child protection protocols, emphasizing that the child's welfare must always come first in situations that involve potential abuse or violence.

10. In treating recurrent chest infections in cystic fibrosis, which of the following is NOT typically included?

- A. Oxygen therapy
- B. Chest physiotherapy
- C. Antibiotics

D. Antihistamines

In the management of recurrent chest infections in cystic fibrosis, the focus is primarily on therapies that help clear mucus, improve lung function, and treat infections effectively. Oxygen therapy is often used to manage hypoxemia that can result from lung damage, chest physiotherapy is crucial for helping to clear thick mucus, and antibiotics are essential in treating bacterial infections commonly seen in cystic fibrosis patients.

Antihistamines, on the other hand, are not typically included in the treatment plan for recurrent chest infections in cystic fibrosis. Their primary use is in the management of allergic symptoms, such as runny nose or sneezing, rather than addressing the underlying issues of mucus clearance and respiratory infections. Given that antihistamines can also thicken mucus and potentially worsen obstructive symptoms, they are not beneficial in this context. Thus, they are not a standard component of treatment for recurrent chest infections in cystic fibrosis.

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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:

<https://plabpediatrics.examzify.com>

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

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