

# Rosh Pediatrics Practice Exam (Sample)

## Study Guide



**Everything you need from our exam experts!**

**This is a sample study guide. To access the full version with hundreds of questions,**

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**SAMPLE**

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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. Don't worry about getting everything right, 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, and take breaks to retain information better.**

## **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.**

## **7. Use Other Tools**

**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!**

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## Questions

- 1. Which respiratory condition is characterized by a sudden onset of stridor and respiratory distress in a young child?**
  - A. Asthma**
  - B. Bronchiolitis**
  - C. Epiglottitis**
  - D. Croup**
  
- 2. What is the significance of a body temperature of 101.6°F in this patient's clinical presentation?**
  - A. Indicates need for immediate hospitalization**
  - B. Suggests a viral infection**
  - C. Indicates potential bacterial infection**
  - D. Shows the patient is recovering**
  
- 3. In a case of suspected scurvy, what finding would you expect in a patient?**
  - A. Gait abnormality**
  - B. Night blindness**
  - C. Petechiae in mucous membranes**
  - D. Rickets**
  
- 4. What is a common misinterpretation related to the presentation of allergic rhinitis in children?**
  - A. It is always accompanied by a fever**
  - B. It can be mistaken for a cold**
  - C. It only occurs during spring time**
  - D. It often interferes significantly with sleep**
  
- 5. What is a key sign of diaper candidiasis in infants?**
  - A. Shiny red rash on the cheeks**
  - B. Beefy red plaques with white coating**
  - C. Dry and cracked skin on the hands**
  - D. Scaling involved in the diaper area**



- 6. In the case of a 10-year-old boy with abdominal pain and hematemesis diagnosed with Helicobacter pylori, what is the most appropriate treatment?**
- A. Amoxicillin, clindamycin, and omeprazole**
  - B. Amoxicillin, omeprazole, and metronidazole**
  - C. Clarithromycin, amoxicillin, and bismuth**
  - D. Clarithromycin, amoxicillin, and omeprazole**
- 7. In the context of this case, which symptom might indicate a more severe underlying condition?**
- A. Clear lung auscultation**
  - B. Presence of tonsillar exudates**
  - C. Low grade fever**
  - D. Rapid respiratory rate**
- 8. Which intervention is appropriate for a child presenting with a palpable right upper quadrant mass indicating pyloric stenosis?**
- A. AReassurance and observation**
  - B. BEndoscopic evaluation**
  - C. CUltrasound examination**
  - D. DReferral for surgical consultation**
- 9. In a teenage girl with symptoms suggestive of fatigue, what is the most appropriate test to rule out vitamin D deficiency?**
- A. 1, 25-dihydroxyvitamin D**
  - B. 25-hydroxyvitamin D**
  - C. Cholecalciferol**
  - D. Ergocalciferol**

- 10. What type of heart murmur is typically associated with rheumatic heart disease and mitral regurgitation?**
- A. Harsh, machine-like continuous murmur at the left upper sternal border**
  - B. High-pitched holosystolic murmur at the apex with radiation to the axilla**
  - C. Musical, soft, vibratory low-pitched systolic murmur over the left lower sternal border**
  - D. Systolic ejection murmur at the left upper sternal border**

## **Answers**

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

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## **Explanations**

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**1. Which respiratory condition is characterized by a sudden onset of stridor and respiratory distress in a young child?**

- A. Asthma**
- B. Bronchiolitis**
- C. Epiglottitis**
- D. Croup**

The condition characterized by a sudden onset of stridor and respiratory distress in a young child is epiglottitis. This condition involves inflammation and swelling of the epiglottis, which can rapidly obstruct the airway, leading to significant respiratory distress. The classic presentation includes high fever, stridor, drooling, and difficulty swallowing, as the child may prefer to lean forward to help ease breathing. The sudden nature of the symptoms is crucial to identify, as epiglottitis, particularly in unvaccinated children, can progress very quickly and could be life-threatening due to airway compromise. The identification of stridor, which is a high-pitched wheezing sound resulting from turbulent airflow during breathing, further indicates a significant obstruction in the upper airways, which is a hallmark of epiglottitis. While other conditions like croup can also present with stridor, they often exhibit a more gradual onset and can be accompanied by a "barking" cough, which differentiates them from the more acute presentation seen in epiglottitis. Therefore, understanding the rapid progression of symptoms and the specific clinical presentations helps clarify why epiglottitis is the correct answer.

**2. What is the significance of a body temperature of 101.6°F in this patient's clinical presentation?**

- A. Indicates need for immediate hospitalization**
- B. Suggests a viral infection**
- C. Indicates potential bacterial infection**
- D. Shows the patient is recovering**

A body temperature of 101.6°F is clinically significant as it may suggest a potential bacterial infection. In pediatric patients, an elevated temperature can be a key indicator of an underlying pathology, particularly when it is above the normal range. Such a fever often warrants further evaluation to determine the cause, especially because children can present with different types of infections, both viral and bacterial. In the context of a specific clinical presentation, a fever at this level might lead healthcare practitioners to be more vigilant for signs of bacterial infection, particularly if accompanied by other severe symptoms. While viral infections can also cause fevers, certain characteristics of the fever and accompanying symptoms can help differentiate between the two. Bacterial infections often require prompt intervention and sometimes hospitalization, reinforcing the importance of this temperature in guiding clinical decisions. Determining the significance of fever in pediatric patients is critical to ensure timely and appropriate treatment, especially if the child displays symptoms or a clinical picture consistent with serious bacterial illness.

**3. In a case of suspected scurvy, what finding would you expect in a patient?**

- A. Gait abnormality**
- B. Night blindness**
- C. Petechiae in mucous membranes**
- D. Rickets**

In cases of suspected scurvy, a hallmark finding is the presence of petechiae, particularly in the mucous membranes. Scurvy is caused by a deficiency of vitamin C (ascorbic acid), which is essential for collagen synthesis, among other functions. This deficiency leads to a breakdown of connective tissues, resulting in symptoms such as bleeding and bruising. Petechiae are small, pinpoint red or purple spots that occur when tiny blood vessels (capillaries) break, allowing blood to seep into the skin or mucous membranes. Due to the compromised integrity of blood vessels in scurvy, individuals often exhibit these petechial hemorrhages in various locations such as around the mouth, in the conjunctiva, or even in the oral cavity. While gait abnormalities may occur in a variety of conditions, they are not a direct feature of scurvy. Night blindness, which is related to vitamin A deficiency, is not associated with scurvy. Rickets, caused by vitamin D deficiency, has different manifestations, such as skeletal deformities and bone pain, that do not overlap with the symptoms of scurvy. Thus, the identification of petechiae in mucous membranes stands out as a quintessential sign of sc

**4. What is a common misinterpretation related to the presentation of allergic rhinitis in children?**

- A. It is always accompanied by a fever**
- B. It can be mistaken for a cold**
- C. It only occurs during spring time**
- D. It often interferes significantly with sleep**

A common misinterpretation related to allergic rhinitis in children is that it can be mistaken for a cold. While both conditions may present with similar symptoms such as a runny nose, sneezing, and nasal congestion, they arise from different causes. Allergic rhinitis is triggered by allergens like pollen, mold, dust mites, or pet dander, and is not caused by viral infections like the common cold. Children with allergic rhinitis generally do not have symptoms such as fever, which can help differentiate it from a cold. Additionally, allergic rhinitis can occur throughout the year, depending on exposure to allergens, not just during specific seasons like spring. It is also important to note that allergic rhinitis can significantly impact sleep quality due to congestion and other discomforts, making it a serious concern for overall health and well-being. The ability to distinguish allergic rhinitis from a cold is crucial for appropriate management and treatment. Understanding this misinterpretation helps in guiding caregivers to seek the correct interventions, such as antihistamines, rather than unnecessary treatments for a common cold.

**5. What is a key sign of diaper candidiasis in infants?**

- A. Shiny red rash on the cheeks
- B. Beefy red plaques with white coating**
- C. Dry and cracked skin on the hands
- D. Scaling involved in the diaper area

A key sign of diaper candidiasis in infants is the presence of beefy red plaques with a white coating. This type of rash is commonly seen in areas where moisture is trapped, such as in the diaper region, as *Candida* thrives in warm and damp environments. The plaques often have defined borders and can present with satellite lesions—small spots of rash that appear slightly away from the main area of inflammation. Understanding this presentation is crucial for timely diagnosis and treatment, as candidiasis is a fungal infection that can lead to discomfort and additional complications if not addressed properly. Other signs, such as shiny red rash on the cheeks or scaling in the diaper area, may suggest different dermatological conditions, but the characteristic beefy red appearance with white coating is distinctly associated with candidiasis.

**6. In the case of a 10-year-old boy with abdominal pain and hematemesis diagnosed with *Helicobacter pylori*, what is the most appropriate treatment?**

- A. Amoxicillin, clindamycin, and omeprazole
- B. Amoxicillin, omeprazole, and metronidazole**
- C. Clarithromycin, amoxicillin, and bismuth
- D. Clarithromycin, amoxicillin, and omeprazole

The most appropriate treatment for *Helicobacter pylori* infection in a 10-year-old patient presenting with abdominal pain and hematemesis involves a combination of antibiotics and a proton pump inhibitor (PPI) to effectively eradicate the bacteria and reduce gastric acidity. The selected treatment includes amoxicillin, omeprazole, and metronidazole. Amoxicillin is a penicillin-type antibiotic that directly targets *H. pylori*, while metronidazole has activity against anaerobic bacteria and some protozoa, which complements the treatment of the infection. Omeprazole functions as a proton pump inhibitor, reducing gastric acid production, and enhancing the effectiveness of antibiotics against *H. pylori*. This combination adheres to established guidelines for pediatric *H. pylori* eradication therapy. In contrast, other combinations listed might not be optimal. For instance, using clindamycin may not be as effective as metronidazole, and certain combinations like bismuth with antibiotics may not be preferred due to differing clinical guidelines in the pediatric population. The treatment regimen must ensure appropriate coverage of the bacteria while considering the safety and suitability of the selected medications for a 10-year-old child.



**7. In the context of this case, which symptom might indicate a more severe underlying condition?**

- A. Clear lung auscultation**
- B. Presence of tonsillar exudates**
- C. Low grade fever**
- D. Rapid respiratory rate**

The presence of tonsillar exudates is a significant symptom that might indicate a more severe underlying condition, such as streptococcal pharyngitis or infectious mononucleosis. Tonsillar exudates suggest that there is an active infection occurring in the throat region, and this could be indicative of a more serious bacterial process that may require antibiotic treatment. While clear lung auscultation typically suggests that there are no immediate respiratory issues, a low-grade fever is often seen in many benign viral infections and does not necessarily point to severity. A rapid respiratory rate might indicate distress or anxiety but can also occur in a variety of situations, even in less severe cases, so it does not specifically signal a serious underlying condition in the same way tonsillar exudates do. Thus, the presence of tonsillar exudates serves as a more concerning symptom that warrants further evaluation for potential complications or serious infections.

**8. Which intervention is appropriate for a child presenting with a palpable right upper quadrant mass indicating pyloric stenosis?**

- A. Reassurance and observation**
- B. Endoscopic evaluation**
- C. Ultrasound examination**
- D. Referral for surgical consultation**

In cases where a child presents with a palpable right upper quadrant mass that suggests pyloric stenosis, referral for surgical consultation is a crucial intervention. Pyloric stenosis is characterized by the narrowing of the pylorus, which often leads to vomiting and dehydration due to gastric outlet obstruction. A surgical intervention, typically in the form of a pyloromyotomy, is necessary to relieve the obstruction once the diagnosis is confirmed. The palpable mass often described is the hypertrophied pylorus, which can be felt upon examination and suggests the need for immediate surgical evaluation rather than simple reassurance or further testing. While imaging studies such as an ultrasound examination may be used to confirm the diagnosis and assess the severity of the condition, the presenting signs, particularly a palpable mass coupled with clinical symptoms, warrant prompt surgical consultation. Endoscopic evaluation is not typically indicated in this scenario, as it does not address the underlying issue of the pyloric stenosis. Thus, timely referral to a surgical specialist is the most appropriate intervention to initiate proper management and treatment for the child.

**9. In a teenage girl with symptoms suggestive of fatigue, what is the most appropriate test to rule out vitamin D deficiency?**

**A. 1, 25-dihydroxyvitamin D**

**B. 25-hydroxyvitamin D**

**C. Cholecalciferol**

**D. Ergocalciferol**

The most appropriate test to rule out vitamin D deficiency in a teenage girl presenting with symptoms suggestive of fatigue is the measurement of 25-hydroxyvitamin D. This is considered the primary form of vitamin D that circulates in the blood and is the best indicator of an individual's vitamin D status. It reflects both dietary intake and sunlight synthesis, providing a comprehensive picture of vitamin D levels. In clinical practice, checking for 25-hydroxyvitamin D allows healthcare providers to determine if a deficiency exists, which can contribute to fatigue among other symptoms. Other forms of vitamin D, such as 1,25-dihydroxyvitamin D, are produced as a result of metabolism in the body and do not accurately indicate vitamin D stores; they are typically tested in conditions where there is a suspicion of metabolic disorders related to calcium and phosphorous metabolism. Cholecalciferol and ergocalciferol refer to forms of vitamin D (D3 and D2, respectively) and are not direct measures of vitamin D status in the body. In summary, measuring 25-hydroxyvitamin D is essential for assessing and ruling out vitamin D deficiency, making it the most appropriate choice in this scenario.

**10. What type of heart murmur is typically associated with rheumatic heart disease and mitral regurgitation?**

**A. Harsh, machine-like continuous murmur at the left upper sternal border**

**B. High-pitched holosystolic murmur at the apex with radiation to the axilla**

**C. Musical, soft, vibratory low-pitched systolic murmur over the left lower sternal border**

**D. Systolic ejection murmur at the left upper sternal border**

The high-pitched holosystolic murmur at the apex with radiation to the axilla is characteristic of mitral regurgitation, which frequently results from rheumatic heart disease. In this condition, the mitral valve may become incompetent, allowing blood to flow backward from the left ventricle into the left atrium during systole. This type of murmur is described as holosystolic or pansystolic because it occurs throughout the entire duration of systole, from the first heart sound to the second, without a gap. Such a murmur is typically best heard at the apex of the heart, which is located at the left fifth intercostal space along the midclavicular line. The radiation of the sound to the axilla is a hallmark feature of mitral regurgitation murmurs, helping differentiate them from other types of murmurs. Understanding these acoustic properties is critical for the diagnosis and management of conditions such as rheumatic heart disease, where the mitral valve can be affected due to a prior streptococcal infection. Other types of murmurs presented do not align with the typical presentation of mitral regurgitation associated with rheumatic heart disease. Harsh, machine-like continuous murmurs often indicate

## 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://rosh-pediatrics.examzify.com>**

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