

Swift River Pediatrics Practice Exam (Sample)

Study Guide



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Questions

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- 1. What is a common risk factor for childhood obesity?**
 - A. High levels of physical activity**
 - B. Sedentary lifestyle and poor dietary habits**
 - C. Normal growth patterns**
 - D. Increased sleep duration**
- 2. What is an important element of pediatric assessments?**
 - A. Reliance on parental reports only**
 - B. Ignoring developmental milestones**
 - C. Engaging children in the assessment process**
 - D. Focusing exclusively on physical health**
- 3. Which of the following assessments is crucial for understanding a child's health status?**
 - A. Frequent mental wellness checks**
 - B. Skin assessment**
 - C. Parental feedback on school performance**
 - D. Dietary preferences only**
- 4. Which laboratory test is commonly ordered in cases of suspected appendicitis?**
 - A. Urinalysis**
 - B. Complete blood count (CBC)**
 - C. Liver function tests**
 - D. Electrolyte panel**
- 5. What vital sign was concerning for Bridgett Allen's respiratory function?**
 - A. Oxygen saturation of 95%**
 - B. Capillary refill time of 3 seconds**
 - C. Breathing rate of 30 breaths/minute**
 - D. Heart rate of 90 beats/minute**

- 6. When should children receive their first dental check-up?**
- A. At birth**
 - B. By 1 year of age**
 - C. By 3 years of age**
 - D. When they start school**
- 7. Upon noting a new onset of abdominal itching in Hannah, what should be the first nursing action?**
- A. Notify the physician immediately**
 - B. Assess the abdomen area**
 - C. Administer Benadryl**
 - D. Document the findings**
- 8. What is the best predictor of pediatric physical development?**
- A. Nutrition status**
 - B. Family history and genetic factors**
 - C. Physical activity level**
 - D. Healthcare access**
- 9. What is the priority for injury prevention in patients like Elijah Williams?**
- A. High**
 - B. Moderate**
 - C. Low**
 - D. Critical**
- 10. What is the recommended treatment for Salter-Harris type II fractures?**
- A. Physical therapy**
 - B. Medications for pain**
 - C. Surgical intervention or closed reduction**
 - D. Immediate casting only**

Answers

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

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Explanations

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1. What is a common risk factor for childhood obesity?

- A. High levels of physical activity
- B. Sedentary lifestyle and poor dietary habits**
- C. Normal growth patterns
- D. Increased sleep duration

Childhood obesity is a multifaceted issue influenced by various factors, with lifestyle choices playing a significant role. The correct answer highlights the impact of a sedentary lifestyle combined with poor dietary habits as common risk factors for obesity in children. A sedentary lifestyle refers to a pattern of low physical activity, which is prevalent in many children due to increased screen time from televisions, computers, and mobile devices. When children are less active, they expend fewer calories, which may lead to weight gain if their caloric intake exceeds the calories they burn. In addition to inactivity, poor dietary habits, such as excessive consumption of high-calorie, low-nutrient foods (like sugary snacks and beverages, fast foods, and processed items), further exacerbate the risk of obesity. These habits can lead to an energy imbalance where calorie consumption significantly outweighs calorie expenditure, contributing to unhealthy weight gain. The other options do not contribute positively to the understanding of risk factors for obesity. High levels of physical activity support a healthy weight, normal growth patterns are expected in healthy children, and increased sleep duration is generally associated with better health outcomes rather than an increased risk of obesity.

2. What is an important element of pediatric assessments?

- A. Reliance on parental reports only
- B. Ignoring developmental milestones
- C. Engaging children in the assessment process**
- D. Focusing exclusively on physical health

Engaging children in the assessment process is a crucial element of pediatric assessments because it helps create a rapport between the child and the healthcare provider, which can reduce anxiety and lead to more accurate information being gathered. Children are more likely to provide meaningful responses and cooperate during the assessment when they feel included and respected. This approach not only enhances the child's comfort level but also allows the provider to assess the child's development, behavior, and emotional state more comprehensively. Involving children in discussions about their health foster independence and empowers them, making them active participants in their own care. This is especially important in pediatrics, where children's developmental stage can significantly influence their understanding and involvement in healthcare decisions. Engaging them provides insight into their perspectives, needs, and concerns, ultimately leading to better health outcomes.

3. Which of the following assessments is crucial for understanding a child's health status?

- A. Frequent mental wellness checks**
- B. Skin assessment**
- C. Parental feedback on school performance**
- D. Dietary preferences only**

A skin assessment is crucial for understanding a child's health status because the skin can provide significant insights into overall health and well-being. The skin is the body's largest organ and can reflect various health conditions, nutritional deficiencies, and even systemic diseases. Conditions such as eczema, psoriasis, and infections often manifest with notable changes in skin appearance and texture. Additionally, a thorough skin assessment can help identify issues like dehydration or allergic reactions, which are vital for ensuring comprehensive pediatric care. This evaluation can also serve as an essential screening for potential skin cancers or other dermatological conditions as the child grows. While mental wellness checks and parental feedback on school performance are important for understanding particular aspects of a child's overall development and psychological well-being, they may not provide as immediate or broad an insight into a child's physical health as a skin assessment does. Likewise, dietary preferences are essential for nutritional assessment but are limited in scope when determining overall health or identifying underlying medical conditions.

4. Which laboratory test is commonly ordered in cases of suspected appendicitis?

- A. Urinalysis**
- B. Complete blood count (CBC)**
- C. Liver function tests**
- D. Electrolyte panel**

In cases of suspected appendicitis, a complete blood count (CBC) is commonly ordered because it helps to assess for signs of infection or inflammation. The CBC can reveal an elevated white blood cell count (leukocytosis), which is often indicative of an inflammatory process such as appendicitis. This test also provides additional information about the overall health of the patient by assessing red blood cells and platelets. Other tests listed, such as urinalysis, may be performed to rule out urinary tract infections or other sources of abdominal pain, but they are not specifically diagnostic for appendicitis. Liver function tests are used to assess liver health and are not relevant in the context of suspected appendicitis. An electrolyte panel is used to check for imbalances in electrolytes, which may stem from various conditions but does not provide direct insight into appendicitis. Therefore, the CBC is essential for evaluating the likelihood of appendicitis and guiding further management.

5. What vital sign was concerning for Bridgett Allen's respiratory function?

- A. Oxygen saturation of 95%**
- B. Capillary refill time of 3 seconds**
- C. Breathing rate of 30 breaths/minute**
- D. Heart rate of 90 beats/minute**

The breathing rate of 30 breaths per minute is concerning for Bridgett Allen's respiratory function because it indicates tachypnea, which is an abnormally fast respiratory rate. In pediatric patients, a normal respiratory rate varies by age; for children, typically, rates above 20 breaths per minute can be seen as elevated depending on specific age groups. A rate of 30 breaths per minute may suggest respiratory distress or an underlying issue that needs further evaluation. When assessing respiratory function, the breathing rate provides crucial insight into how well a patient is ventilating. Elevated rates can indicate that the body is attempting to compensate for a lack of adequate oxygenation or an increase in carbon dioxide. This is particularly important in pediatrics, where respiratory function can deteriorate quickly, so prompt recognition of such signs is crucial in managing a pediatric patient's condition. In comparison, while an oxygen saturation of 95% might be borderline concerning, it is still considered acceptable in many pediatric cases. A capillary refill time of 3 seconds is often a sign of peripheral perfusion issues, which could indicate some other form of cardiovascular problem but doesn't specifically pertain to respiratory function. Lastly, a heart rate of 90 beats per minute is typically within normal limits for children and does

6. When should children receive their first dental check-up?

- A. At birth**
- B. By 1 year of age**
- C. By 3 years of age**
- D. When they start school**

Children should receive their first dental check-up by 1 year of age because this is a critical time for establishing a foundation for oral health. The American Academy of Pediatrics and the American Dental Association recommend that children visit a dentist within six months of their first tooth emerging or by their first birthday. This early visit helps in several ways: it allows the dentist to assess the child's oral health, provide guidance on proper dental care and hygiene, and identify any potential issues early on, such as tooth decay or improper bite alignment. It also presents an opportunity for parents to receive advice on topics like fluoride use, diet, and the prevention of dental problems. Establishing care early can help normalize dental visits for children, making them more comfortable with dental professionals as they grow. In contrast, waiting until a child is older, such as by 3 years of age or when they start school, may lead to a lack of awareness about the importance of dental health and could increase the risk of untreated dental issues.

7. Upon noting a new onset of abdominal itching in Hannah, what should be the first nursing action?

- A. Notify the physician immediately**
- B. Assess the abdomen area**
- C. Administer Benadryl**
- D. Document the findings**

The most appropriate first nursing action when noticing new-onset abdominal itching is to assess the abdomen area. This assessment is crucial because it allows the nurse to gather pertinent information about the condition, such as identifying any signs of rash, redness, swelling, or changes in the skin that could indicate an allergic reaction, infection, or another underlying issue. By performing this assessment first, the nurse can determine the severity of the itching and the potential need for further interventions. Notifying the physician immediately might be necessary later, but it is essential first to gather a complete picture of the situation to provide the physician with accurate information. Administering Benadryl could be warranted if allergies are suspected, but it should not be the first action without first understanding the cause of the itching. Documenting findings is important for continuity of care, but it should occur after assessment and any necessary interventions. The assessment is the foundational step to guide appropriate subsequent actions.

8. What is the best predictor of pediatric physical development?

- A. Nutrition status**
- B. Family history and genetic factors**
- C. Physical activity level**
- D. Healthcare access**

The best predictor of pediatric physical development is family history and genetic factors. Genetic factors play a crucial role in determining growth patterns, height, and overall physical health. Children inherit a range of biological traits from their parents, including those that influence the timing of growth spurts, skeletal development, and even muscle composition. For instance, a child's predisposition to certain heights and body proportions can often be traced back to their parents or close relatives. While nutrition status, physical activity level, and healthcare access are important components that can influence a child's development, they often act as modifiers rather than primary determinants. For example, good nutrition and regular physical activity can enhance growth and health outcomes, but the baseline potential is still influenced significantly by genetic inheritance. Similarly, access to healthcare can mitigate or address developmental issues, but it does not change the underlying genetic framework that dictates physical development. Thus, understanding the impact of family history and genetics is essential in anticipating and monitoring a child's growth trajectory.

9. What is the priority for injury prevention in patients like Elijah Williams?

- A. High
- B. Moderate**
- C. Low
- D. Critical

In the context of injury prevention, categorizing Elijah Williams' risk as moderate indicates a significant awareness and proactive approach toward potential injury hazards. This classification reflects an understanding that while there is a risk, it is not as critical or immediate as it would be in cases where high or critical priorities are assigned. A moderate priority suggests that there are identifiable risks that need to be managed, which can include behavioral factors, environmental concerns, and age-related vulnerabilities. Effective strategies can be put in place to address these risks through parental guidance, safety education, and environmental modifications, thus reducing the likelihood of injury. The rationale behind a moderate priority classification also emphasizes the importance of monitoring and reevaluation. Unlike a high or critical priority, where immediate action and resources might be directed toward urgent interventions, a moderate classification allows for a balanced approach that can incorporate education, preventive measures, and regular follow-ups. This way, caregivers can be equipped with the tools and knowledge necessary to promote safety without causing undue alarm or stress. Establishing a moderate priority thus aids healthcare professionals and caregivers in implementing thoughtful strategies to enhance injury prevention while fostering an environment that promotes wellness and safety as part of a comprehensive pediatric care plan.

10. What is the recommended treatment for Salter-Harris type II fractures?

- A. Physical therapy
- B. Medications for pain
- C. Surgical intervention or closed reduction**
- D. Immediate casting only

Salter-Harris type II fractures are a common type of growth plate fracture that typically occur in children. These fractures involve both the growth plate and the metaphysis of the bone, and their management is crucial to ensure proper growth and function of the bone as the child matures. The recommended treatment for Salter-Harris type II fractures is surgical intervention or closed reduction. Closed reduction refers to a non-invasive method where the bones are manipulated back into their proper position without the need for an incision. After achieving proper alignment, the fracture site is typically stabilized in a cast to promote healing. In some cases, surgical intervention may be necessary if the fracture is unstable or cannot be adequately aligned through closed means. This approach is significant as it helps to minimize the risk of complications associated with improper healing, which could lead to long-term issues with bone growth and development. Immediate casting alone may not adequately address alignment, and while physical therapy and pain management can be part of the treatment plan, they do not correct the fracture itself. Thus, closed reduction or surgical intervention is a crucial step in the appropriate management of Salter-Harris type II fractures.