

THE STABLE PROGRAM PRACTICE EXAM (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

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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. Which congenital condition is a common cause of bowel obstruction?

- A. Hirschsprung's disease
- B. Meconium ileus
- C. Stenosis/Atresia
- D. Both A and C

2. What is the normal range for pH levels in young infants?

- A. 6.8 - 7.2
- B. 7.35 - 7.45
- C. 7.5 - 7.7
- D. 7.25 - 7.35

3. What initial treatment should be provided if a newborn is found to be hypoglycemic?

- A. Oral feeding with high-calorie formula
- B. Administer an intravenous bolus of D10W or D5W
- C. Subcutaneous glucose injection
- D. Monitor until symptoms resolve

4. Which of the following is a primary management step for Tracheoesophageal Fistula?

- A. Administer IV antibiotics immediately
- B. Make the infant NPO
- C. Perform a tracheostomy
- D. Initiate immediate oral feeding

5. What finding in pulse pressure may indicate peripheral vasoconstriction?

- A. Narrow pulse pressure
- B. Normal pulse pressure
- C. Wide pulse pressure
- D. Variable pulse pressure

- 6. In which type of shock might you see hypotension that responds poorly to fluid resuscitation?**
- A. Cardiogenic shock
 - B. Septic/distributive shock
 - C. Hypovolemic shock
 - D. Obstructive shock
- 7. What condition is characterized by blood accumulation under the periosteum that does not cross suture lines?**
- A. Caput succedaneum
 - B. Cephalohematoma
 - C. Hydrocephalus
 - D. Intracranial hemorrhage
- 8. Which of the following best defines mild hypothermia levels?**
- A. Below 32 degrees Celsius
 - B. 36.0 to 36.4 degrees Celsius
 - C. 32.0 to 35.9 degrees Celsius
 - D. Greater than 37 degrees Celsius
- 9. What might rapidly increasing oxygen requirements indicate in an infant?**
- A. Stable metabolic rate
 - B. Immediate need for surgery
 - C. Impending respiratory or cardiac failure
 - D. Improvement of condition
- 10. What is often seen on CXR in cases of pneumonia in infants?**
- A. Coarse nodular opacities
 - B. Variable infiltrates
 - C. Granular appearance
 - D. Atelectasis and hyperinflation

Answers

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

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Explanations

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1. Which congenital condition is a common cause of bowel obstruction?

- A. Hirschsprung's disease
- B. Meconium ileus
- C. Stenosis/Atresia
- D. Both A and C**

Hirschsprung's disease is a condition that results from the absence of ganglion cells in a segment of the colon, leading to a lack of peristalsis in that area. This can result in a blockage because the affected segment is unable to function properly, causing a buildup of stool and subsequent obstruction. Stenosis and atresia refer to congenital conditions where there is a narrowing or complete blockage in the intestines, which can prevent the normal passage of bowel contents. Both can lead to significant obstruction and are commonly recognized causes of bowel obstruction in neonates and infants. The combination of these two conditions contributes to the conclusion that both Hirschsprung's disease and stenosis/atresia are significant causes of bowel obstruction, making the choice that includes both correct. Meconium ileus, while also a cause of bowel obstruction, is more specific to cystic fibrosis and does not encompass the broader range of congenital conditions that can lead to obstructions like Hirschsprung's disease and stenosis/atresia do. Thus, identifying both A and C as correct recognizes the importance of these congenital conditions in obstructive pathology.

2. What is the normal range for pH levels in young infants?

- A. 6.8 - 7.2
- B. 7.35 - 7.45**
- C. 7.5 - 7.7
- D. 7.25 - 7.35

The normal range for pH levels in young infants is indeed 7.35 to 7.45. This range is consistent with the typical arterial blood pH values for a healthy newborn or young infant, reflecting a state of homeostasis in the body. Maintaining pH within this range is crucial, as it indicates proper acid-base balance, which is essential for normal cellular function and metabolic processes. Deviation from this range can lead to acidosis or alkalosis, each of which can have significant physiological repercussions in neonates, who are particularly susceptible to imbalances. The emphasis on this normal pH range is important for healthcare professionals working with infants, ensuring they monitor and manage any potential disruptions in acid-base balance effectively.

3. What initial treatment should be provided if a newborn is found to be hypoglycemic?

- A. Oral feeding with high-calorie formula
- B. Administer an intravenous bolus of D10W or D5W**
- C. Subcutaneous glucose injection
- D. Monitor until symptoms resolve

In cases of newborn hypoglycemia, the most immediate and effective treatment is to administer an intravenous bolus of D10W (10% dextrose in water) or D5W (5% dextrose in water). This approach is favored because intravenous administration allows for rapid delivery of glucose directly into the bloodstream, which is crucial in treating hypoglycemia, especially in a newborn whose ability to metabolize and respond to glucose may be compromised. Newborns are particularly vulnerable to the effects of low blood sugar due to their limited glycogen stores and ongoing metabolic demands. Severe hypoglycemia can lead to significant neurological damage, making prompt intervention essential. Using an intravenous bolus ensures that the newborn quickly receives an adequate dose of glucose, leading to a faster resolution of symptoms and helping to prevent potential complications. While other options may have certain applications in different contexts, they are not the best initial treatments for a newborn experiencing hypoglycemia. Oral feeding may not be safe or effective if the newborn is unable to feed or if there is a risk of aspiration. Subcutaneous glucose injections are not typically used in this scenario, as intravenous administration is more immediate and effective. Monitoring until symptoms resolve can delay necessary intervention and potentially worsen the infant's condition.

4. Which of the following is a primary management step for Tracheoesophageal Fistula?

- A. Administer IV antibiotics immediately
- B. Make the infant NPO**
- C. Perform a tracheostomy
- D. Initiate immediate oral feeding

Making the infant NPO (nothing by mouth) is a primary management step for tracheoesophageal fistula (TEF). This is crucial as TEF presents a significant risk of aspiration and airway compromise due to abnormal connections between the trachea and esophagus. By keeping the infant NPO, the likelihood of feeding entering the trachea is minimized, thereby preventing pneumonitis and other complications associated with aspiration. In cases of TEF, prompt recognition and intervention are key to ensuring the safety and well-being of the infant. Keeping the infant NPO allows for further assessment and surgical planning, which is typically necessary for definitive treatment of this congenital condition. The ultimate goal is to address the anatomical defect through surgical correction, and making the infant NPO is an essential first step to protect them from harm until that can be accomplished.

5. What finding in pulse pressure may indicate peripheral vasoconstriction?

- A. Narrow pulse pressure**
- B. Normal pulse pressure
- C. Wide pulse pressure
- D. Variable pulse pressure

A narrow pulse pressure can indicate peripheral vasoconstriction because it reflects an increase in systemic vascular resistance, which is commonly seen in conditions where the body is trying to maintain blood pressure in the face of reduced perfusion or volume. When peripheral blood vessels constrict, there is a decrease in the difference between systolic and diastolic pressure. This is particularly evident in states of shock or significant volume loss, where the body prioritizes maintaining vital organ perfusion over peripheral circulation. In contrast, other findings such as normal, wide, or variable pulse pressures do not specifically indicate peripheral vasoconstriction. A normal pulse pressure suggests stable hemodynamics, a wide pulse pressure might indicate conditions like aortic regurgitation or fever, and variable pulse pressure can occur in different scenarios but does not specifically tie to vasoconstrictive states.

6. In which type of shock might you see hypotension that responds poorly to fluid resuscitation?

- A. Cardiogenic shock
- B. Septic/distributive shock**
- C. Hypovolemic shock
- D. Obstructive shock

In septic or distributive shock, hypotension often occurs due to vasodilation resulting from the release of inflammatory mediators, which can lead to impaired tissue perfusion. While fluid resuscitation is a cornerstone of treatment for various types of shock, the underlying cause in septic shock means that simply increasing the volume of fluids can be insufficient to restore blood pressure effectively. This situation arises because the vessel walls are already dilated, making it difficult for fluid resuscitation alone to raise blood pressure to satisfactory levels. In contrast, hypovolemic shock typically sees a more direct response to fluid resuscitation since it is primarily caused by a significant loss of blood or fluids. Cardiogenic shock results from heart failure, where fluid administration can help to increase preload but may not address the fundamental issue of heart function. Obstructive shock involves physical obstructions in circulation, and while fluids may help, they are not as impactful if the obstruction is not resolved. Thus, septic or distributive shock uniquely presents with a poor response to fluid resuscitation due to the nature of vasodilation and the effects of septic shock on the vascular system.

7. What condition is characterized by blood accumulation under the periosteum that does not cross suture lines?

- A. Caput succedaneum
- B. Cephalohematoma**
- C. Hydrocephalus
- D. Intracranial hemorrhage

The condition characterized by blood accumulation under the periosteum that does not cross suture lines is known as cephalohematoma. This specific type of hematoma occurs in newborns, typically as a result of birth trauma, such as the pressure exerted during delivery. The blood collects between the skull and the periosteum, which is a fibrous membrane covering the bones. One key distinguishing feature of cephalohematoma is its inability to cross suture lines, which are the fibrous joints between the bones of the skull. This is in contrast to other conditions, like caput succedaneum, where the swelling and fluid accumulation do cross suture lines due to their location in the soft tissue over the skull. Understanding these distinctions is crucial as they influence clinical observations and treatment decisions during neonatal care. For instance, while both cephalohematoma and caput succedaneum may present swelling on a newborn's head, the specific characteristics and implications for management differ significantly.

8. Which of the following best defines mild hypothermia levels?

- A. Below 32 degrees Celsius
- B. 36.0 to 36.4 degrees Celsius**
- C. 32.0 to 35.9 degrees Celsius
- D. Greater than 37 degrees Celsius

Mild hypothermia is specifically defined as a body temperature ranging from 32.0 to 35.9 degrees Celsius. This definition is critical, as it helps differentiate between varying degrees of hypothermia, which is essential for proper diagnosis and treatment. Understanding these temperature ranges enables healthcare providers to respond appropriately to the condition, ensuring patient safety and effective intervention. In contrast, temperatures below 32 degrees Celsius indicate moderate to severe hypothermia, which represents a significantly higher risk of complications. The temperature range of 36.0 to 36.4 degrees Celsius reflects normal body temperature trends rather than hypothermia. Additionally, temperatures greater than 37 degrees Celsius indicate normothermia or possible hyperthermia, which are conditions quite distinct from hypothermia.

9. What might rapidly increasing oxygen requirements indicate in an infant?

- A. Stable metabolic rate
- B. Immediate need for surgery
- C. Impending respiratory or cardiac failure**
- D. Improvement of condition

Rapidly increasing oxygen requirements in an infant are concerning and often indicate that the infant is facing worsening respiratory or cardiac function. When an infant's body demands more oxygen, it can be a sign that the lungs are not effectively exchanging gases or that the heart is struggling to pump adequately. This can occur due to several underlying conditions, such as respiratory distress syndrome, congenital heart defects, or infections. Recognizing this early on is crucial, as it allows for timely interventions that can prevent further deterioration of the infant's condition. Therefore, the significant need for increased oxygen can serve as a warning sign of impending respiratory or cardiac failure, necessitating immediate assessment and potential treatment.

10. What is often seen on CXR in cases of pneumonia in infants?

- A. Coarse nodular opacities
- B. Variable infiltrates**
- C. Granular appearance
- D. Atelectasis and hyperinflation

In cases of pneumonia in infants, variable infiltrates are commonly observed on chest X-rays. This finding reflects the diverse nature of lung involvement in pneumonia, where the infection can lead to patchy, diffuse, or unilateral consolidation, depending on the severity and type of pneumonia. Infiltrates indicate areas in the lung where fluid or cells are present, often suggesting inflammation due to infection. Given the dynamics of pneumonia, especially viral or atypical bacterial pneumonia in infants, it is not unusual to see these infiltrates change in nature over the course of the illness. In contrast, the other choices either represent features not typically associated with pneumonia in this age group or are too specific, whereas variable infiltrates provide a broader characteristic that encompasses the range of possible findings.

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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:

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

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