

UWorld Pediatrics Practice Test (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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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

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- 1. What complication can arise due to hypokalemia and hypomagnesemia in patients with refeeding syndrome?**
 - A. Cardiac arrhythmias**
 - B. Cerebral edema**
 - C. Seizures**
 - D. Respiratory failure**

- 2. What is one of the main reasons for physiologic jaundice in newborns?**
 - A. Immature kidney function**
 - B. High hemoglobin turnover**
 - C. Improper feeding**
 - D. Exposure to sunlight**

- 3. Which physiological effect is associated with squatting from a standing position?**
 - A. Increases preload**
 - B. Decreases afterload**
 - C. Decreases preload**
 - D. No effect on hemodynamics**

- 4. A child with maroon-colored stool that is otherwise well appears to potentially have a Meckel's diverticulum. What type of tissue is predominantly found within the diverticulum?**
 - A. Intestinal epithelium**
 - B. Pancreatic tissue**
 - C. Heterotopic gastric tissue**
 - D. Congenital tissue**

- 5. What is the diagnosis for a patient presenting with cerebellar ataxia and oculocutaneous telangiectasias?**
 - A. Bruton agammaglobulinemia**
 - B. Ataxia telangiectasia**
 - C. Hyper-IgE syndrome**
 - D. Severe combined immunodeficiency**

6. What is the recommended treatment for slipped capital femoral epiphysis (SCFE)?

- A. Physical therapy**
- B. Surgical pinning of the slipped epiphysis**
- C. Observation and monitoring**
- D. Joint replacement surgery**

7. What kind of mass in the pineal gland can lead to upward gaze limitations?

- A. Benign cyst**
- B. Pineal gland tumor**
- C. Metastatic cancer**
- D. Arachnoid cyst**

8. What are the primary treatments for primary nephrotic syndrome?

- A. Alpha-blockers and beta-blockers**
- B. Corticosteroids and sodium restriction**
- C. Antibiotics and diuretics**
- D. Calcium channel blockers and ACE inhibitors**

9. What is the effectiveness of topical erythromycin ointment in preventing chlamydia?

- A. Effective as a primary treatment**
- B. Not effective in treating the infection**
- C. Only effective in newborns**
- D. Effective in all ages**

10. What empiric antibiotic should be prioritized for a 3-year-old boy with CF showing symptoms of severe pneumonia?

- A. Oral amoxicillin**
- B. IV vancomycin**
- C. Intramuscular ceftriaxone**
- D. Oral azithromycin**

Answers

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

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Explanations

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1. What complication can arise due to hypokalemia and hypomagnesemia in patients with refeeding syndrome?

- A. Cardiac arrhythmias**
- B. Cerebral edema**
- C. Seizures**
- D. Respiratory failure**

Hypokalemia and hypomagnesemia are significant electrolyte imbalances that can occur during refeeding syndrome, a serious condition that can affect patients who are malnourished and then receive nutritional replenishment too rapidly. When the body begins to process nutrients after a period of starvation, insulin secretion increases, driving electrolytes such as potassium and magnesium into the cells. This can lead to critically low levels of these electrolytes in the blood. Low potassium levels (hypokalemia) can lead to various cardiac complications, notably cardiac arrhythmias. Potassium is essential for maintaining normal electrical activity in the heart. Inadequate potassium can disrupt the heart's rhythm, leading to potentially life-threatening arrhythmias. Similarly, magnesium plays a crucial role in cardiac function and is vital for maintaining normal heart rhythm. While other serious complications can also arise in the context of refeeding syndrome, such as cerebral edema, seizures, and respiratory failure, these are not as directly linked to hypokalemia and hypomagnesemia as the risk of cardiac arrhythmias. Therefore, the most relevant complication associated with these electrolyte imbalances in the context of refeeding syndrome is indeed cardiac arrhythmias.

2. What is one of the main reasons for physiologic jaundice in newborns?

- A. Immature kidney function**
- B. High hemoglobin turnover**
- C. Improper feeding**
- D. Exposure to sunlight**

Physiologic jaundice in newborns primarily occurs due to high hemoglobin turnover. After birth, a newborn undergoes a rapid breakdown of fetal hemoglobin as their body transitions to producing adult hemoglobin. This breakdown results in the release of bilirubin, which the immature liver may not adequately process at first. In newborns, especially those born prematurely, the liver enzymes responsible for conjugating bilirubin are not yet fully developed, leading to an accumulation of unconjugated bilirubin in the blood. This condition typically manifests during the first week of life and is considered physiologic because it generally resolves as the liver matures and becomes more efficient at processing bilirubin. Other factors, such as immature kidney function and improper feeding, can contribute to jaundice but are not the primary reasons for physiologic jaundice. Exposure to sunlight promotes the breakdown of bilirubin and is often used as a treatment method rather than a cause. Therefore, high hemoglobin turnover is recognized as the main reason for physiological jaundice in this context.

3. Which physiological effect is associated with squatting from a standing position?

- A. Increases preload**
- B. Decreases afterload**
- C. Decreases preload**
- D. No effect on hemodynamics**

Squatting from a standing position significantly affects hemodynamics by increasing preload. When an individual squats, there is a change in venous return to the heart due to the compression of veins in the lower extremities and abdominal cavity. This compression enhances blood return to the heart, effectively raising the end-diastolic volume or preload. This increase in preload is critical for understanding cardiovascular physiology, especially in conditions such as congenital heart defects and during different forms of physical exertion. By improving venous return and, consequently, the volume of blood entering the heart, squatting can lead to an increase in stroke volume and cardiac output. In contrast, other options may misinterpret the physiological changes occurring during squatting. The action does not decrease afterload (the resistance the heart must work against) or preload; rather, it actively promotes an increase. Furthermore, stating that there is no effect on hemodynamics overlooks the significant changes in blood flow dynamics that result from the squatting position.

4. A child with maroon-colored stool that is otherwise well appears to potentially have a Meckel's diverticulum. What type of tissue is predominantly found within the diverticulum?

- A. Intestinal epithelium**
- B. Pancreatic tissue**
- C. Heterotopic gastric tissue**
- D. Congenital tissue**

Meckel's diverticulum is a common congenital anomaly of the gastrointestinal tract, resulting from the incomplete obliteration of the omphalomesenteric duct. This diverticulum often contains ectopic tissue that can lead to complications such as gastrointestinal bleeding, which is often indicated by maroon-colored stools. In the case of Meckel's diverticulum, it is most commonly associated with heterotopic gastric tissue. This means that gastric tissue, which normally belongs in the stomach, is found inappropriately located within the diverticulum. This ectopic gastric tissue can secrete acid, which can lead to ulceration of the adjacent intestinal mucosa, resulting in bleeding. The presence of heterotopic gastric tissue is crucial to understanding the pathology associated with Meckel's diverticulum because this tissue can cause significant clinical manifestations, including the characteristic maroon-colored stool due to gastrointestinal bleeding. While intestinal epithelium is typically found in the diverticulum, the predominance of heterotopic gastric tissue is what distinguishes Meckel's diverticulum in many cases, especially when evaluating potential symptoms and their causes.

5. What is the diagnosis for a patient presenting with cerebellar ataxia and oculocutaneous telangiectasias?

- A. Bruton agammaglobulinemia**
- B. Ataxia telangiectasia**
- C. Hyper-IgE syndrome**
- D. Severe combined immunodeficiency**

The presentation of cerebellar ataxia and oculocutaneous telangiectasias is characteristic of ataxia telangiectasia, which is a rare genetic disorder. Ataxia telangiectasia is caused by mutations in the ATM gene, which plays a critical role in DNA repair and maintenance. The combination of progressive cerebellar ataxia, which affects balance and coordination, and the development of small dilated blood vessels (telangiectasias) on the skin and conjunctiva is a hallmark of this condition. Patients with ataxia telangiectasia may also present with a weakened immune system, increased sensitivity to ionizing radiation, and a higher risk for certain types of cancers, particularly lymphomas and leukemias. The features of this disorder tend to manifest in early childhood and can be linked to autosomal recessive inheritance. Identifying this specific combination of symptoms—particularly the association of cerebellar dysfunction with telangiectasias—guides clinicians toward the diagnosis of ataxia telangiectasia over other disorders that might present with similar symptoms but do not share these key features.

6. What is the recommended treatment for slipped capital femoral epiphysis (SCFE)?

- A. Physical therapy**
- B. Surgical pinning of the slipped epiphysis**
- C. Observation and monitoring**
- D. Joint replacement surgery**

The recommended treatment for slipped capital femoral epiphysis (SCFE) is surgical pinning of the slipped epiphysis. This condition typically presents in adolescents, where the femoral head becomes displaced due to slippage at the growth plate. Surgical intervention is crucial to stabilize the femoral head and prevent further slippage, which can lead to complications such as avascular necrosis or worsening hip function. Surgical pinning allows for the proper alignment of the femoral head and can promote healing of the growth plate. The procedure involves inserting screws or pins to secure the epiphysis in its proper position. Early surgical intervention is essential, especially in cases where the slippage is significant or the patient is symptomatic. Supporting the need for surgery, conservative management options such as physical therapy, observation, or monitoring may be appropriate in some mild cases if there is no significant slippage or symptoms. However, these options do not address the underlying issue and risk further complications. Joint replacement is not indicated for SCFE in the pediatric population, as it is a condition typically managed with surgical stabilization of the growth plate during the growth phase.

7. What kind of mass in the pineal gland can lead to upward gaze limitations?

- A. Benign cyst**
- B. Pineal gland tumor**
- C. Metastatic cancer**
- D. Arachnoid cyst**

The mass in the pineal gland that can lead to upward gaze limitations is a pineal gland tumor. This type of tumor can cause a condition known as Parinaud's syndrome, which is characterized by various symptoms due to the compression of the midbrain structures, particularly the vertical gaze centers located around the cerebral aqueduct. When these areas are pressed upon, patients may experience difficulties in moving their eyes upwards, known as 'setting sun' sign, as well as other neurological symptoms. Pineal gland tumors can manifest as either germ cell tumors (such as teratomas) or pineoblastomas, and can potentially obstruct the cerebrospinal fluid (CSF) pathways, leading to symptoms of increased intracranial pressure, further contributing to visual disturbances. In contrast, while other lesions such as a benign cyst, metastatic cancer, or arachnoid cyst might also occur in the region of the pineal gland, they do not typically present with the same degree of vertical gaze limitation as tumors do.

8. What are the primary treatments for primary nephrotic syndrome?

- A. Alpha-blockers and beta-blockers**
- B. Corticosteroids and sodium restriction**
- C. Antibiotics and diuretics**
- D. Calcium channel blockers and ACE inhibitors**

The primary treatments for primary nephrotic syndrome focus on controlling symptoms and inducing remission of the disease, primarily through the use of corticosteroids and sodium restriction. Corticosteroids, such as prednisone, are first-line therapy in managing primary nephrotic syndrome because they help reduce proteinuria, swelling, and other autoimmune components of the disease. This is particularly effective in cases of minimal change disease, the most common form of nephrotic syndrome in children. The goal is to achieve remission, indicated by a decrease in protein levels in the urine and improvement in symptoms like edema. Sodium restriction is also an important aspect of managing nephrotic syndrome. It helps control edema by reducing fluid retention. This dietary modification complements steroid therapy, promoting better overall fluid balance and reducing the burden on the kidneys. Thus, the combination of corticosteroids and sodium restriction is integral to the management strategy for primary nephrotic syndrome.

9. What is the effectiveness of topical erythromycin ointment in preventing chlamydia?

- A. Effective as a primary treatment**
- B. Not effective in treating the infection**
- C. Only effective in newborns**
- D. Effective in all ages**

Topical erythromycin ointment is not effective in treating chlamydia infections. This is primarily because chlamydia is typically treated with systemic antibiotics that can penetrate tissues and provide adequate concentrations at the site of infection, such as azithromycin or doxycycline. Topical application does not achieve the necessary systemic levels needed to eradicate the bacteria that cause the infection. While erythromycin can be used topically for certain conditions, its role is limited and does not extend to being a monotherapy for chlamydia in any age group. Treatment recommendations emphasize the use of oral antibiotics for effective management of chlamydia, regardless of the patient's age. Therefore, the notion that topical erythromycin is effective as a treatment for chlamydia is incorrect, confirming that it does not serve the purpose intended in this scenario.

10. What empiric antibiotic should be prioritized for a 3-year-old boy with CF showing symptoms of severe pneumonia?

- A. Oral amoxicillin**
- B. IV vancomycin**
- C. Intramuscular ceftriaxone**
- D. Oral azithromycin**

In a 3-year-old boy with cystic fibrosis (CF) presenting with severe pneumonia, prioritizing intravenous vancomycin is appropriate due to the potential for serious bacterial infections commonly associated with this condition. Patients with CF are at a higher risk of developing infections from specific pathogens, especially *Staphylococcus aureus*, including methicillin-resistant *Staphylococcus aureus* (MRSA). Vancomycin is effective against MRSA and is commonly used as part of empiric therapy in severe cases of pneumonia where MRSA is a concern. In the context of CF, the lung microbiome is altered, which makes patients susceptible to both typical pathogens such as *Streptococcus pneumoniae* and atypical pathogens, including *Pseudomonas aeruginosa*. While ceftriaxone can cover certain infections, it does not provide effective coverage against MRSA, which is a critical consideration in severe pneumonia scenarios. Oral antibiotics like amoxicillin or azithromycin do not provide adequate coverage for severe infections, particularly in a hospital setting, as systemic administration of antibiotics is often necessary for optimal treatment outcomes in severe cases. Azithromycin may be used in maintenance therapy for chronic infections in CF but is not sufficient as monotherapy for acute severe pneumonia. Thus,

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://uworldpediatrics.examzify.com>

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

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