UWORLD PEDIATRICS PRACTICE TEST (SAMPLE)

STUDY GUIDE

SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Table of Contents

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

1. **What laboratory finding is typical in a child with acute bacterial rhinosinusitis?**

   A. Cultural growth of bacteria from nasal swab

   B. Elevated white blood cell count

   C. Normal nasal mucus appearance

   D. Presence of eosinophils in nasal secretions

2. **Which two organisms are the most common causes of bacterial meningitis in infants?**

   A. Group B Streptococcus and E. coli

   B. Streptococcus pneumoniae and Neisseria meningitidis

   C. Haemophilus influenzae and Listeria monocytogenes

   D. Staphylococcus aureus and E. coli

3. **What is the first-line treatment for migraines in children?**

   A. Oral triptans

   B. Supportive management

   C. IV fluids

   D. Narcotics

4. **What vital sign change is typically observed in patients with anorexia after failure to gain weight?**

   A. Tachycardia

   B. Bradycardia

   C. Hypertension

   D. Fever

5. **In the context of acute cervical adenitis, what are the key pathogens for bilateral cases?**

   A. Adenovirus and CMV

   B. Staphylococcus and Streptococcus

   C. Mycobacterium and anaerobic bacteria

   D. HIV and Influenza

6. What common behavior in 15-month-olds could signify a breath-holding spell?

A. Disinterest in toys

B. Sudden loss of consciousness

C. Crying intensely after toy removal

D. Frequent temper tantrums

7. A 13-year-old girl has a stable, nontender mass in the left groin, normal external female genitalia, and a karyotype of 46XY. What is the diagnosis?

A. Polycystic ovary syndrome

B. Complete androgen insensitivity syndrome

C. Turner syndrome

D. Congenital adrenal hyperplasia

8. How is clubfoot initially managed in pediatric patients?

A. Immediate surgery

B. Observation only

C. Stretching and manipulation with serial casting

D. Bracing with rigid splints

9. What is a significant clinical symptom associated with Tay-Sachs disease?

A. Hepatosplenomegaly

B. Hyperreflexia

C. Areflexia

D. Cyanosis

10. What screening test should be performed on all sexually active women under 24 years of age?

A. Pap smear

B. HIV testing

C. Chlamydia and gonorrhoeae screening

D. Syphilis testing

Answers

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

Explanations

1. What laboratory finding is typical in a child with acute bacterial rhinosinusitis?

A. Cultural growth of bacteria from nasal swab

B. Elevated white blood cell count

C. Normal nasal mucus appearance

D. Presence of eosinophils in nasal secretions

In cases of acute bacterial rhinosinusitis, the inflammatory response to the bacterial infection often results in leukocytosis, which is an elevated white blood cell count. This increase indicates that the body is actively fighting an infection. Neutrophils, a type of white blood cell, are typically predominant in acute bacterial infections and are part of the immune response to clear the infection. While culturing bacteria from a nasal swab may provide definitive evidence of a bacterial cause, it is not routinely done in clinical practice given the invasive nature and the variability of microbial flora. Normal nasal mucus appearance is atypical in bacterial rhinosinusitis, as the condition usually leads to purulent (pus-like) mucus due to infection. Lastly, the presence of eosinophils in nasal secretions is more commonly associated with allergic conditions rather than bacterial infections. Therefore, the laboratory finding of an elevated white blood cell count aligns closely with the inflammatory response seen in acute bacterial rhinosinusitis.

2. Which two organisms are the most common causes of bacterial meningitis in infants?

A. Group B Streptococcus and E. coli

B. Streptococcus pneumoniae and Neisseria meningitidis

C. Haemophilus influenzae and Listeria monocytogenes

D. Staphylococcus aureus and E. coli

In infants, the most common causes of bacterial meningitis typically include Group B Streptococcus and E. coli for the early neonatal period (up to 1 month of age). However, as the infant matures beyond this period, the pathogens shift to include organisms like Streptococcus pneumoniae and Neisseria meningitidis, which are predominant causes of bacterial meningitis in older infants and children. Streptococcus pneumoniae is a common organism that can lead to severe bacterial infections, including meningitis, particularly in children over two months of age. It is encapsulated, making it capable of evading the immune response, which contributes to its virulence and ability to cause such severe diseases. Neisseria meningitidis, another significant pathogen, often causes outbreaks of meningitis, particularly in community or adolescent settings and can present with rapid onset of severe symptoms. Its ability to spread through respiratory droplets and its association with meningococcemia add to its importance as a cause of bacterial meningitis. In summary, while Group B Streptococcus and E. coli are very important in the early neonatal period, Streptococcus pneumoniae and Neisseria meningitidis take precedence as the most common causes of bacterial meningitis in older infants

3. What is the first-line treatment for migraines in children?

A. Oral triptans

B. Supportive management

C. IV fluids

D. Narcotics

Supportive management is considered the first-line treatment for migraines in children. This approach includes measures that aim to alleviate the headache and associated symptoms without the immediate use of medications. Supportive management may involve finding a quiet, dark place for the child to rest, providing hydration, and using over-the-counter pain relievers such as acetaminophen or ibuprofen as needed. In children, migraines often resolve on their own, and supportive care can be sufficient to help them manage their symptoms. It is crucial to avoid aggressive treatments or medications that may not be suitable or effective for younger patients. In contrast, more advanced options like oral triptans, while effective for adults, are typically not the first choice for children due to dosing concerns and potential side effects. IV fluids and narcotics are reserved for more severe cases or when an acute intervention is necessary, making them secondary options rather than first-line treatments.

4. What vital sign change is typically observed in patients with anorexia after failure to gain weight?

A. Tachycardia

B. Bradycardia

C. Hypertension

D. Fever

In patients with anorexia, bradycardia, or a lower-than-normal heart rate, is typically observed after failure to gain weight. This physiological response is often a result of the body adapting to a state of starvation or malnutrition, leading to a decreased metabolic rate. When calorie intake is insufficient, the body conserves energy by slowing down various functions, including the heart rate. The heart muscle may become less stimulated, which can result in bradycardia, characterized by a heart rate of fewer than 60 beats per minute. This can be dangerous, as extremely low heart rates may lead to decreased cardiac output and potential complications such as fainting, dizziness, or even more severe cardiac issues. In the context of ongoing weight loss and malnutrition, the body prioritizes maintaining essential functions and can exhibit changes in vital signs such as bradycardia as it attempts to cope with the stress of inadequate nutrition. This vital sign reflects the overall physiological adaptations occurring in response to an extreme caloric deficit typical in individuals with anorexia.

5. In the context of acute cervical adenitis, what are the key pathogens for bilateral cases?

A. Adenovirus and CMV

B. Staphylococcus and Streptococcus

C. Mycobacterium and anaerobic bacteria

D. HIV and Influenza

In the context of acute cervical adenitis, particularly when considering bilateral cases in pediatric patients, the key pathogens often include adenovirus and cytomegalovirus (CMV). Adenovirus is known for causing a range of infections in children, including those that can lead to respiratory symptoms or conjunctivitis, and it is associated with lymphadenopathy. CMV is also a common viral cause that can lead to lymph node swelling in younger children, especially in the context of immunocompromised states or congenital infections. Bilateral cervical adenitis suggests a systemic infectious process rather than a localized one, which is typically seen with bacterial infections. While Staphylococcus and Streptococcus can cause bacterial adenitis, they primarily lead to unilateral infections. Mycobacterium and anaerobic bacteria are more associated with chronic or specific infections rather than acute presentations. Finally, most cases linked to HIV and Influenza would not typically present with bilateral cervical adenitis as a primary feature. Thus, adenovirus and CMV are the correct pair of pathogens associated with bilateral acute cervical adenitis due to their tendency to cause viral infections manifesting with systemic lymphadenopathy, aligning with the presentation observed in such cases.

6. What common behavior in 15-month-olds could signify a breath-holding spell?

A. Disinterest in toys

B. Sudden loss of consciousness

C. Crying intensely after toy removal

D. Frequent temper tantrums

Crying intensely after toy removal is a behavior that can signify a breath-holding spell in a 15-month-old. At this age, toddlers are developing their emotional responses and are often unable to regulate their feelings fully. When they experience situations that upset them, such as the removal of a favorite toy, they may react with intense crying or screaming. In some cases, this emotional distress can lead to breath-holding spells, where the child may hold their breath for a prolonged period, sometimes leading to loss of consciousness or a change in skin color. These episodes typically occur when the child is extremely upset, frustrated, or angry. Understanding this behavior is important for caregivers, as it can be alarming to witness. However, breath-holding spells are generally benign and not indicative of a serious medical issue. Recognizing this context can help caregivers respond appropriately and calmly during such episodes. Other behaviors listed, such as disinterest in toys, sudden loss of consciousness, or frequent temper tantrums, do not typically signify breath-holding spells in the same way. Disinterest in toys may relate to different developmental issues or fatigue, sudden loss of consciousness can indicate a seizure or other medical condition, and frequent temper tantrums are common in toddlers but do not imply a

7. A 13-year-old girl has a stable, nontender mass in the left groin, normal external female genitalia, and a karyotype of 46XY. What is the diagnosis?

A. Polycystic ovary syndrome

B. Complete androgen insensitivity syndrome

C. Turner syndrome

D. Congenital adrenal hyperplasia

The clinical presentation described is indicative of complete androgen insensitivity syndrome (CAIS). In this condition, individuals are genetically male (with a 46XY karyotype) but have external female genitalia due to the body's inability to respond to androgens, which are male hormones. This insensitivity results in the development of female-typical external anatomy, while internally, the individual may have undescended testes. The presence of a stable, nontender mass in the groin likely corresponds to these undescended testes, which can remain located in the inguinal canal or can have an accessory position depending on the anatomical variations associated with CAIS. The individual would typically have normal female secondary sexual characteristics, if they went through puberty, because of the influence of estrogen from the conversion of testosterone in peripheral tissues. Polycystic ovary syndrome, Turner syndrome, and congenital adrenal hyperplasia involve different pathophysiological mechanisms and presentations that do not align with the karyotype or the physical examination findings in this case. Polycystic ovary syndrome is related to ovarian function rather than chromosomal issues. Turner syndrome involves a 45X karyotype and typically presents with signs such as short stature and primary amenorrhea

8. How is clubfoot initially managed in pediatric patients?

A. Immediate surgery

B. Observation only

C. Stretching and manipulation with serial casting

D. Bracing with rigid splints

The initial management of clubfoot in pediatric patients typically involves a method known as the Ponseti technique, which includes stretching and manipulation of the foot followed by serial casting. This approach is aimed at gradually correcting the foot deformity by repositioning the bones and soft tissues in the foot over time. The Ponseti method has been widely adopted due to its effectiveness and the favorable outcomes it yields for children with clubfoot. After the initial correction is achieved through casting, a brace is usually employed to maintain the corrected position and prevent relapse. Immediate surgery is generally not the first line of treatment for clubfoot, as the majority of cases can be effectively managed with conservative techniques. Observation alone without intervention could lead to significant functional impairment and is not an appropriate management strategy. Bracing with rigid splints may be utilized after the initial deformity correction but is not the first step in managing clubfoot. Therefore, beginning with stretching and manipulation through serial casting is recognized as the standard of care for this condition.

9. What is a significant clinical symptom associated with Tay-Sachs disease?

A. Hepatosplenomegaly

B. Hyperreflexia

C. Areflexia

D. Cyanosis

Tay-Sachs disease is a genetic disorder caused by the deficiency of the enzyme hexosaminidase A, leading to the accumulation of GM2 gangliosides in the nerve cells, particularly in the brain. This accumulation results in progressive neurological decline and various clinical symptoms. One of the prominent clinical symptoms associated with Tay-Sachs disease is hyperreflexia, which refers to an exaggerated reflex response. As the disease progresses, children may exhibit increased tone and reflexes due to the damage in the nervous system. Hyperreflexia is commonly observed alongside other neurological signs such as developmental delays, loss of motor skills, and increased startle response to stimuli. This symptom contrasts with other choices. Hepatosplenomegaly is often associated with other conditions such as Gaucher disease or Niemann-Pick disease, which involve lysosomal storage dysfunction but do not reflect the clinical picture typical of Tay-Sachs. Areflexia, the absence of reflexes, would not align with the findings in Tay-Sachs, as there is usually increased reflex activity. Cyanosis, a bluish discoloration usually due to lack of oxygen, does not pertain to the neurological symptoms seen in Tay-Sachs disease. Overall, the presence of hyperreflexia is

10. What screening test should be performed on all sexually active women under 24 years of age?

A. Pap smear

B. HIV testing

C. Chlamydia and gonorrhoeae screening

D. Syphilis testing

Chlamydia and gonorrhoeae screening is recommended for all sexually active women under 24 years of age due to the increased risk of sexually transmitted infections (STIs) within this age group. These infections can often be asymptomatic, leading to complications such as pelvic inflammatory disease, infertility, and further transmission to others if not identified and treated early. The U.S. Preventive Services Task Force and the Centers for Disease Control and Prevention both endorse routine screening for Chlamydia and gonorrhea for sexually active young women. This proactive measure aims to detect these infections early, ensuring appropriate management and reducing the risk of long-term health issues associated with untreated STIs. While Pap smears are important for cervical cancer screening, they are not recommended annually for young women who are under 21 or have had no abnormal findings previously. HIV testing is also vital, but it is typically not standardized for all sexually active individuals in this age group unless specific risk factors are present. Syphilis testing is more targeted, focusing on those with specific risks or symptoms rather than a blanket screening approach for all sexually active young women. Therefore, the screening for Chlamydia and gonorrhea specifically addresses the common and concerning STIs affecting young women and aims for

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!