

VATI NURSING CARE OF CHILDREN 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. What laboratory findings should a nurse anticipate in a client with acute leukemia following aggressive chemotherapy?**
 - A. Increased leukocyte count
 - B. Decreased platelet count
 - C. Increased erythrocyte count
 - D. Decreased leukocyte count
- 2. How often should a child's height and weight be measured during well-child visits?**
 - A. Every month
 - B. Every 6 months
 - C. Annually
 - D. Every two years
- 3. Why is family-centered care important in pediatrics?**
 - A. It focuses solely on the child's needs
 - B. It emphasizes collaboration with families
 - C. It reduces the duration of hospital stays
 - D. It limits parental involvement in care
- 4. When obtaining a health history for suspected acute rheumatic fever, what question should the nurse ask?**
 - A. "Has your child had a fever recently?"
 - B. "Has your son had a sore throat recently?"
 - C. "Does your child have any joint pain?"
 - D. "Has your son been vaccinated for strep throat?"
- 5. What is a significant sign of meningitis in children?**
 - A. Fever and rash
 - B. Stiff neck
 - C. Vomiting and diarrhea
 - D. Headache and dizziness

- 6. Which assessment finding in an infant with a congenital heart defect should be prioritized for reporting?**
- A. Bradycardia
 - B. Hypopnea
 - C. Hyperpnea
 - D. Normal heart rate
- 7. When assessing a child's growth, what is the most important factor to consider?**
- A. Comparing with past weight records
 - B. Evaluating dietary intake
 - C. Comparing with growth percentiles on the growth chart
 - D. Monitoring daily activity levels
- 8. During which stage of puberty do growth spurts in height occur?**
- A. Early puberty
 - B. Midpuberty
 - C. Late puberty
 - D. Prepuberty
- 9. How should a nurse manage a child who is non-compliant with treatment?**
- A. Use disciplinary measures
 - B. Explore reasons for non-compliance and provide education
 - C. Ignore the issue
 - D. Encourage parents to enforce consequences
- 10. Which assessment finding indicates possible child abuse?**
- A. Frequent stomachaches
 - B. Unexplained bruising in various stages of healing
 - C. Inconsistent stories about injuries
 - D. Withdrawn behavior from peers

Answers

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

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Explanations

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1. What laboratory findings should a nurse anticipate in a client with acute leukemia following aggressive chemotherapy?

- A. Increased leukocyte count
- B. Decreased platelet count**
- C. Increased erythrocyte count
- D. Decreased leukocyte count

In a client with acute leukemia undergoing aggressive chemotherapy, the correct expectation is a decreased platelet count. This decrease is primarily due to the myelosuppressive effects of chemotherapy, which target rapidly dividing cells, including those in the bone marrow responsible for producing platelets, white blood cells, and red blood cells. Chemotherapy can lead to thrombocytopenia (a low platelet count), resulting in an increased risk for bleeding and bruising. Monitoring and managing this condition is crucial in the supportive care of a child with leukemia since low platelet levels can significantly affect the patient's ability to clot blood effectively. In contrast, other laboratory findings such as increased leukocyte counts may initially be noted at diagnosis but will typically decrease as a result of effective chemotherapy targeting cancerous cells. An increased erythrocyte count would not be expected as the bone marrow is also suppressed, leading to anemia due to a lack of red blood cell production. Therefore, the most consistent laboratory finding among clients receiving aggressive chemotherapy for acute leukemia is indeed a decreased platelet count.

2. How often should a child's height and weight be measured during well-child visits?

- A. Every month
- B. Every 6 months
- C. Annually**
- D. Every two years

During well-child visits, it is standard practice to measure a child's height and weight annually. This frequency allows healthcare providers to monitor the child's growth and development over time, ensuring that they are following growth patterns typical for their age groups. Measuring height and weight annually provides valuable data concerning the child's physical health. It helps to identify any potential issues such as underweight or overweight conditions, which can be indicators of underlying health problems or nutritional needs. Annual assessments align with the recommendations from the American Academy of Pediatrics, which emphasizes the importance of regular monitoring during well-child visits to ensure that a child's growth trajectory remains within expected parameters. While it can be important to have more frequent checks, especially in certain situations (like significant health concerns or slower growth rates), the standard practice for well-child visits is based on the understanding that children grow at a relatively consistent pace after the early years. Thus, measuring height and weight once a year is deemed sufficient for regular health monitoring.

3. Why is family-centered care important in pediatrics?

- A. It focuses solely on the child's needs
- B. It emphasizes collaboration with families**
- C. It reduces the duration of hospital stays
- D. It limits parental involvement in care

Family-centered care is important in pediatrics because it emphasizes collaboration with families, recognizing that the involvement of parents and caregivers is crucial in the healthcare process for children. This approach fosters partnerships between healthcare providers and families, leading to better health outcomes, as families often know their children best and can provide valuable insights into their needs, preferences, and behaviors. By engaging families in decision-making about their child's care, a supportive environment is created where families feel empowered and involved. This collaboration can enhance communication, improve satisfaction with care, and ensure that treatments align with the family's values and circumstances. In pediatric care, where children may not be able to articulate their needs, family input becomes even more vital in tailoring appropriate interventions. The other options do not align with the principles of family-centered care: focusing solely on the child's needs neglects the importance of the family's role; reducing the duration of hospital stays is more of a potential outcome rather than a core principle; and limiting parental involvement directly contradicts the essence of family-centered practices.

4. When obtaining a health history for suspected acute rheumatic fever, what question should the nurse ask?

- A. "Has your child had a fever recently?"
- B. "Has your son had a sore throat recently?"**
- C. "Does your child have any joint pain?"
- D. "Has your son been vaccinated for strep throat?"

In the context of acute rheumatic fever, a critical component to consider is the connection to prior infections, specifically group A beta-hemolytic streptococcal infections. A key symptom preceding acute rheumatic fever is a sore throat, which may indicate a streptococcal infection. By inquiring about recent episodes of sore throat, the nurse is gathering essential information that can help assess the likelihood of a streptococcal infection having occurred, which is a precursor to acute rheumatic fever. A history of sore throat is significant because acute rheumatic fever often develops one to three weeks after a streptococcal throat infection, even if the throat infection was mild or asymptomatic. Thus, this question directly addresses a potential causal factor for the condition being investigated. Additionally, while asking about fever, joint pain, or vaccination status may yield relevant information, they do not pinpoint the relationship between streptococcal infections and the development of acute rheumatic fever as effectively as the question about sore throat does. Therefore, focusing on recent throat infections allows for a more directed assessment of risk related to acute rheumatic fever.

5. What is a significant sign of meningitis in children?

- A. Fever and rash
- B. Stiff neck**
- C. Vomiting and diarrhea
- D. Headache and dizziness

A stiff neck is a classic and significant sign of meningitis in children. This symptom arises from irritation of the meninges, the protective membranes covering the brain and spinal cord, which often occurs during infection. When a child has meningitis, the meninges become inflamed, causing pain and discomfort when trying to bend the neck forward or backward, resulting in the characteristic stiffness. While fever and rash can indicate various infections, including viral or bacterial meningitis, a stiff neck is more specifically associated with meningitis. Vomiting and diarrhea are common symptoms of many gastrointestinal illnesses and may not directly indicate meningitis. Headaches and dizziness can occur with a range of conditions, not solely indicative of meningitis. Therefore, stiff neck stands out as a definitive sign that should prompt further evaluation for meningitis in children.

6. Which assessment finding in an infant with a congenital heart defect should be prioritized for reporting?

- A. Bradycardia
- B. Hypopnea
- C. Hyperpnea**
- D. Normal heart rate

In an infant with a congenital heart defect, prioritizing assessment findings is crucial for ensuring timely intervention and management. Hyperpnea, which refers to an increased depth and rate of breathing, is a significant finding that warrants immediate attention. It can indicate that the infant is experiencing respiratory distress or compensatory mechanisms due to decreased oxygenation, which is often associated with congenital heart defects. Congenital heart defects can lead to inadequate blood flow or mixing of oxygenated and deoxygenated blood, resulting in hypoxia. In response, the body tries to increase oxygen supply through hyperventilation, leading to hyperpnea. This finding suggests that the infant may not be achieving adequate oxygenation, and if not promptly addressed, could lead to serious complications. Other findings such as bradycardia (a slower than normal heart rate) and hypopnea (decreased respiratory rate or effort) are also concerning, but hyperpnea often indicates that the infant is actively attempting to compensate for a critical issue, making it a priority for immediate reporting and assessment. Normal heart rate does not indicate any immediate concern and would not be prioritized in comparison to signs of respiratory distress such as hyperpnea.

7. When assessing a child's growth, what is the most important factor to consider?

- A. Comparing with past weight records
- B. Evaluating dietary intake
- C. Comparing with growth percentiles on the growth chart**
- D. Monitoring daily activity levels

When assessing a child's growth, comparing with growth percentiles on the growth chart is crucial because it provides a standardized method to evaluate whether a child's growth is within the expected range for their age and sex. Growth charts take into account a large population's data, allowing for a visual representation of a child's growth trajectory. This method enables practitioners to identify whether a child is following a healthy growth pattern, which is critical for early detection of any potential growth-related issues. Growth percentiles give insight into how a child's growth compares with that of their peers. For instance, a child falling below the 5th percentile may require further evaluation for potential underlying health issues or nutritional deficiencies, while a child significantly above the 95th percentile may be at risk for obesity-related conditions. Monitoring past weight records, evaluating dietary intake, and assessing daily activity levels are all important aspects of child health; however, they do not provide a comprehensive view of growth in relation to normative data. Growth charts, specifically, offer an integrative approach that considers both growth measurements and established benchmarks, making it a fundamental tool in pediatric assessments.

8. During which stage of puberty do growth spurts in height occur?

- A. Early puberty
- B. Midpuberty**
- C. Late puberty
- D. Prepuberty

Growth spurts in height during puberty typically occur during midpuberty. This stage is characterized by a significant acceleration in growth as the body undergoes a series of hormonal changes leading to sexual maturity. In boys, this is when testosterone levels rise substantially, promoting increased height, muscle mass, and overall physical development. In girls, the increase in estrogen results in rapid growth as well, although their growth spurts generally occur slightly earlier in the puberty timeline compared to boys. Identifying midpuberty as the correct answer highlights that this is the critical period when adolescents experience the most marked increase in height, as well as other changes related to this stage of development. While early puberty involves the initial stages where the body starts to prepare for growth, it does not have the significant growth spurts seen in midpuberty. Late puberty occurs after the peak growth velocity has typically subsided, focusing more on the completion of development rather than rapid growth. Prepuberty is the stage before these developments begin, so it does not involve any height increases associated with the hormonal changes of puberty.

9. How should a nurse manage a child who is non-compliant with treatment?

- A. Use disciplinary measures
- B. Explore reasons for non-compliance and provide education**
- C. Ignore the issue
- D. Encourage parents to enforce consequences

Managing a child who is non-compliant with treatment requires a compassionate and understanding approach. Exploring the reasons for non-compliance and providing education allows the healthcare provider to identify any barriers the child may be facing, whether they are related to understanding the treatment, fear, or other concerns. By engaging in open communication, the nurse can assess the child's feelings and knowledge about their condition, which is crucial for fostering a sense of trust and partnership in their care. Providing education tailored to the child's level of understanding can empower them, making them more willing to participate in their treatment plan. This approach encourages collaboration and helps develop strategies to overcome any obstacles, ultimately improving compliance and health outcomes. In contrast, using disciplinary measures or encouraging parents to enforce consequences may lead to feelings of resentment or resistance from the child, which can hinder compliance further. Ignoring the issue allows the underlying problems to persist unaddressed, likely exacerbating non-compliance. Fostering an open dialogue is more effective in promoting understanding and cooperation.

10. Which assessment finding indicates possible child abuse?

- A. Frequent stomachaches
- B. Unexplained bruising in various stages of healing**
- C. Inconsistent stories about injuries
- D. Withdrawn behavior from peers

Unexplained bruising in various stages of healing is a strong indicator of possible child abuse. This finding is particularly concerning because it suggests that the child may have experienced trauma that has not been adequately explained or justified. The presence of multiple bruises in different stages signals that the child may have faced repeated incidents of harm, which is characteristic of abuse situations. In assessing a child, medical professionals look for physical signs that do not align with typical play or developmental activities. Bruises that are inconsistent with the child's stated activities or age-appropriate behavior raise red flags and warrant further investigation. It is essential to approach these findings with sensitivity and a comprehensive evaluation, as they can guide protective measures for the child. While the other assessment findings, such as frequent stomachaches, inconsistent stories about injuries, and withdrawn behavior from peers, can also be indicators of emotional distress or other issues, they do not provide the same direct physical evidence of potential abuse as unexplained bruising does. Instead, these findings may suggest other factors at play, such as stress, anxiety, or trauma unrelated to abuse.

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://vatinursingcareofchildren.examzify.com>

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

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