

WONG'S ESSENTIALS OF PEDIATRIC NURSING PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED 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. 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 is the cognitive level of understanding for determining skeletal age?**
 - A. Remember.
 - B. Understand.
 - C. Apply.
 - D. Analyze.

- 2. In assessing sexual activity, why is direct questioning preferred for adolescents?**
 - A. Direct and gender-neutral questions help obtain accurate information.
 - B. Indirect questions yield the same information.
 - C. Questions about sex should be avoided.
 - D. Only parents should answer questions.

- 3. In the event of hypoxemia after opioid administration, which immediate resource should be provided?**
 - A. Oxygen
 - B. Fasting
 - C. IV antibiotics
 - D. Blood transfusion

- 4. Watery drainage is most characteristic of which type of conjunctivitis?**
 - A. Viral conjunctivitis
 - B. Bacterial conjunctivitis
 - C. Allergic conjunctivitis
 - D. Neonatal conjunctivitis

- 5. What describes the implementation phase of the community nursing process?**
 - A. Putting health programs into practice to reach community goals
 - B. Designing new theoretical models
 - C. Evaluating outcomes of services
 - D. Collecting baseline data

- 6. What is the purpose of the Outcome step in clinical question formulation?**
- A. To Define the Expected Results of the Intervention
 - B. To Identify the Population
 - C. To Describe the Setting
 - D. To Select the Best Intervention
- 7. Which medication is used to reverse opioid-induced respiratory depression?**
- A. Naloxone (Narcan)
 - B. Acetaminophen
 - C. Aspirin
 - D. Ibuprofen
- 8. In pediatric nursing care, who are considered central participants?**
- A. Children, Their Families, and the Nurse.
 - B. Administrators, Insurance Providers, and Patients.
 - C. Pharmacists, Teachers, and Parents.
 - D. Researchers, Clinicians, and Regulators.
- 9. What should a nurse do to promote a sense of control for a child during hospitalization?**
- A. Provide choices and prepare the child for unfamiliar treatments.
 - B. Limit information to reduce anxiety.
 - C. Make all decisions without child involvement.
 - D. Emphasize routine tasks only.
- 10. The anterior fontanel normally closes within which age range?**
- A. 0-6 months
 - B. 12-18 months
 - C. 2-3 years
 - D. At birth

Answers

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

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Explanations

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1. What is the cognitive level of understanding for determining skeletal age?

A. Remember.

B. Understand.

C. Apply.

D. Analyze.

Bone age assessment hinges on recalling established bone development norms and matching what you see on an X-ray to those remembered benchmarks. To determine skeletal age, you rely on reference standards that describe typical maturation milestones and ages at which specific ossification centers appear or fuse. This is essentially a memory task: success comes from recalling those standard patterns and recognizing where the radiographic features fit within them, rather than constructing new meaning or solving novel problems. Higher-order thinking would involve explaining why a deviation occurs, integrating multiple patient factors to interpret growth patterns, or predicting future growth, which goes beyond simply recalling the standard benchmarks. So the best choice reflects remembering.

2. In assessing sexual activity, why is direct questioning preferred for adolescents?

A. Direct and gender-neutral questions help obtain accurate information.

B. Indirect questions yield the same information.

C. Questions about sex should be avoided.

D. Only parents should answer questions.

Direct, gender-neutral questioning is most effective because it signals to adolescents that sexual health is a normal, nonjudgmental part of healthcare and invites honest disclosure. When questions are direct and use inclusive language, teens understand exactly what information is being sought and feel safer sharing details about activity, partners, and protection use. This precise information is essential to accurately assess risk for STIs and pregnancy and to tailor counseling and preventive guidance. Indirect or vague questions can be confusing or carry implicit assumptions, leading to incomplete or inaccurate responses, and avoiding the topic or relying only on parental input misses the adolescent's own perspective and confidentiality needs.

3. In the event of hypoxemia after opioid administration, which immediate resource should be provided?

A. Oxygen

B. Fasting

C. IV antibiotics

D. Blood transfusion

When hypoxemia occurs after opioid administration, the immediate action is to provide supplemental oxygen to restore oxygen levels. Opioids can slow or shallow breathing by acting on the brainstem, reducing respiratory drive, which lowers oxygen intake and drops blood oxygen saturation. Giving oxygen increases the amount of oxygen available in the lungs and bloodstream, helping tissue oxygenation while you assess and manage the underlying cause, monitor the patient, and consider further interventions such as airway support or reversal with naloxone if indicated. The other options don't address the urgent need to raise oxygen in the blood. Fasting, IV antibiotics, and blood transfusion don't improve oxygenation in this acute setting.

4. Watery drainage is most characteristic of which type of conjunctivitis?

- A. Viral conjunctivitis**
- B. Bacterial conjunctivitis
- C. Allergic conjunctivitis
- D. Neonatal conjunctivitis

Watery drainage points to a viral conjunctivitis because viruses typically cause a serous, clear or mildly mucoid discharge with accompanying redness and irritation. This type of drainage contrasts with the thick, purulent discharge seen in bacterial conjunctivitis, which crusts the eyelids especially in the morning. Allergic conjunctivitis often involves itching and a watery to mucoid discharge as well, but the hallmark is intense itching and association with other allergy symptoms, usually with both eyes affected. Neonatal conjunctivitis is a distinct newborn condition with discharge patterns that can be purulent if due to gonorrhea or chlamydia, or milder if chemical. So the watery drainage most strongly aligns with a viral cause.

5. What describes the implementation phase of the community nursing process?

- A. Putting health programs into practice to reach community goals**
- B. Designing new theoretical models
- C. Evaluating outcomes of services
- D. Collecting baseline data

Putting planned health interventions into action in the community is the focus here. In the implementation phase of the community nursing process, the nurse translates the plan into real-world practice: delivering services, coordinating resources, mobilizing staff and volunteers, and engaging community members to work toward the stated goals. It's about carrying out activities, making timely adjustments as needed, and ensuring actions align with the plan to achieve outcomes. Creating new theoretical models belongs to theory development and planning, not execution. Collecting baseline data is part of assessment, gathering the information before actions are taken. Evaluating outcomes comes after implementation, assessing how well the interventions worked.

6. What is the purpose of the Outcome step in clinical question formulation?

- A. To Define the Expected Results of the Intervention**
- B. To Identify the Population
- C. To Describe the Setting
- D. To Select the Best Intervention

The Outcome step defines what you expect to happen as a result of the intervention and how you will measure it. It specifies the endpoints that indicate success or failure—things like pain reduction, improved function, shorter recovery time, or fewer adverse events—and the exact method and time frame for assessing them. Clear, measurable outcomes guide how you search for evidence and how you judge whether the intervention works, because they set the criteria for evaluating study results. This focus on the results you're aiming for is distinct from identifying who you're studying or where the care is delivered, or from deciding which intervention to try—the outcomes tell you what counts as a beneficial or harmful effect and how you'll know when it's achieved.

7. Which medication is used to reverse opioid-induced respiratory depression?

- A. Naloxone (Narcan)**
- B. Acetaminophen
- C. Aspirin
- D. Ibuprofen

Naloxone is used to reverse opioid-induced respiratory depression. It's an opioid antagonist that binds to mu receptors with higher affinity than opioids, displacing them and rapidly restoring breathing. It acts quickly when given IV or IM, and may require repeat dosing or a short infusion because its duration can be shorter than that of many opioids. This rescue medicine is specific to reversing opioid effects, unlike the others listed, which are simple analgesics/antipyretics that do not counteract opioid suppression of respiration.

8. In pediatric nursing care, who are considered central participants?

- A. Children, Their Families, and the Nurse.**
- B. Administrators, Insurance Providers, and Patients.
- C. Pharmacists, Teachers, and Parents.
- D. Researchers, Clinicians, and Regulators.

In pediatric nursing, the central approach is family-centered care, so the main participants are the child, their family, and the nurse. The child is the focus of every plan, but their care depends on the family's insights, routines, and consent, since families know the child best and carry out most daily tasks, monitoring, and support at home. The nurse serves as the primary caregiver and educator, coordinating the plan, teaching procedures, addressing fears, and ensuring safety while respecting the family's values and culture. This partnership—child, family, and nurse—keeps care holistic, developmentally appropriate, and practical for home after discharge. Other roles like administrators or insurers contribute to the system, and pharmacists, teachers, researchers, or regulators provide important support, but they aren't the central participants in the day-to-day pediatric nursing interaction.

9. What should a nurse do to promote a sense of control for a child during hospitalization?

- A. Provide choices and prepare the child for unfamiliar treatments.**
- B. Limit information to reduce anxiety.
- C. Make all decisions without child involvement.
- D. Emphasize routine tasks only.

The idea being tested is promoting a sense of control by involving the child in care decisions and in preparing for what will happen. When a hospitalized child is given small, meaningful choices and a clear, age-appropriate explanation of upcoming treatments, they feel more in control of what's happening to them. This reduces fear and anxiety because the child knows what to expect and can influence aspects of their day, such as selecting which bandage to wear, choosing what to wear, or deciding which short activity or distraction to use before a procedure. Preparing the child for unfamiliar treatments with simple, honest information about what will be done, why it's needed, and what sensations might occur helps set expectations and diminishes the surprise that can heighten distress. Limiting information or making all decisions without involving the child undermines autonomy and can increase anxiety and resistance. Emphasizing routine tasks without inviting participation misses opportunities to empower the child and support coping. So the approach that best promotes a sense of control is to provide choices and prepare the child for what will happen in a developmentally appropriate way.

10. The anterior fontanel normally closes within which age range?

- A. 0-6 months
- B. 12-18 months**
- C. 2-3 years
- D. At birth

The anterior fontanelle stays open to allow rapid brain growth in infancy and then ossifies as the skull bones fuse. It normally closes between about 12 and 18 months (some children may close a bit later, up to around 2 years). This 12–18 month window reflects typical skull development. Closing much earlier (birth or 0–6 months) would be premature, while closing around 2–3 years would be later than usual. The posterior fontanelle, by contrast, closes much earlier, around 2–3 months, which helps why the anterior fontanelle takes longer to seal.

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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:

<https://wongspedianursing.examzify.com>

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

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