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38	A	B	C	D	E
39	A	B	C	D	E

PRACTICE QUESTIONS

Saudi Commission For Health Specialties (SCFHS)

PEDS

Pediatrics

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for Saudi Commission For Health Specialties (SCFHS) **PEDS**, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, **PEDS**
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1

SINGLE CHOICE

A 4-year-old boy is brought for routine assessment. His weight is 16 kg and his height is 100 cm. According to WHO growth standards, what is the most appropriate interpretation of his growth status?

- ☐ A Weight-for-age above the 97th percentile
- ☒ B Height-for-age at the 50th percentile
- ☐ C BMI-for-age below the 3rd percentile
- ☐ D Weight-for-height at the 95th percentile

ANSWER B

WHY A 4-year-old with weight 16 kg and height 100 cm plots close to the median (50th percentile) on WHO height-for-age and weight-for-age curves. The other options describe percentiles that do not match these measurements.

QUESTION 2

SINGLE CHOICE

A 3-day-old full-term breastfed infant has a total serum bilirubin of 18 mg/dL. The infant is active and feeding well. Which is the most appropriate next step in management?

- ☒ A Phototherapy
- ☐ B Exchange transfusion
- ☐ C Observation and repeat bilirubin in 24 hours
- ☐ D Stop breastfeeding and start formula feeds

ANSWER A

WHY A total serum bilirubin of 18 mg/dL in a 3-day-old (72 hours) term infant exceeds the AAP phototherapy threshold and requires initiation of phototherapy. Exchange transfusion is reserved for higher levels not responding to phototherapy. Stopping breastfeeding is not the first-line intervention.

QUESTION 3 SINGLE CHOICE

According to WHO recommendations, exclusive breastfeeding should be continued for how long, and when should complementary foods be introduced?

- ☐ A Exclusive breastfeeding for 3 months, then complementary foods
- ☒ B Exclusive breastfeeding for 6 months, then complementary foods
- ☐ C Exclusive breastfeeding for 9 months, then complementary foods
- ☐ D Exclusive breastfeeding for 12 months, then complementary foods

ANSWER B

WHY WHO recommends exclusive breastfeeding for the first 6 months of life, with introduction of safe and adequate complementary foods at 6 months while continuing breastfeeding up to 2 years or beyond.

QUESTION 4 SINGLE CHOICE

At what age is the first dose of measles-containing vaccine (MCV) recommended according to the Saudi Arabian routine childhood immunization schedule?

- ☐ A 6 months
- ☐ B 9 months
- ☒ C 12 months
- ☐ D 18 months

ANSWER C

WHY The Saudi routine immunization schedule gives the first dose of MMR (measles, mumps, rubella) at 12 months of age, with a second dose at 18 months (or as per current MOH schedule updates).

QUESTION 5

SINGLE CHOICE

A 7-year-old boy with known asthma presents with cough, wheezing, and shortness of breath. His oxygen saturation is 92% and he has intercostal retractions. Which is the most appropriate first-line treatment?

- ☐ A Oral theophylline
- ☒ B Inhaled short-acting beta-2 agonist (salbutamol)
- ☐ C Inhaled long-acting beta-2 agonist alone
- ☐ D Intravenous antibiotics

ANSWER B

WHY Acute asthma exacerbations are first-line treated with inhaled short-acting beta-2 agonists such as salbutamol, often combined with systemic corticosteroids and oxygen. Long-acting beta-2 agonists are not used as monotherapy, and antibiotics are not indicated unless there is a clear bacterial infection.

QUESTION 6

SINGLE CHOICE

A 14-month-old child with acute gastroenteritis has some dehydration. Which is the most appropriate initial rehydration strategy according to WHO and standard pediatric guidelines?

- ☐ A IV Ringer lactate for all patients with some dehydration
- ☒ B Oral rehydration solution (ORS) 75 mL/kg over 4 hours
- ☐ C ORS 100 mL/kg over 6 hours only for severe dehydration
- ☐ D Plain water with salt and sugar added at home

ANSWER B

WHY Some (moderate) dehydration in children is treated with ORS at 75 mL/kg over 4 hours, continuing breastfeeding and providing maintenance fluids plus replacement of ongoing losses. IV fluids are reserved for severe dehydration or failure of oral rehydration.

QUESTION 7

SINGLE CHOICE

A 2-year-old child has pallor, pica, and poor dietary intake. Laboratory results reveal microcytic hypochromic anemia with low ferritin. Which is the most appropriate treatment?

- ☐ A Vitamin B12 injections
- ☒ B Oral iron therapy (ferrous sulfate) 3–6 mg/kg/day of elemental iron
- ☐ C Folic acid supplementation alone
- ☐ D Packed red blood cell transfusion

ANSWER B

WHY Iron deficiency anemia in children is treated with oral ferrous sulfate at 3–6 mg/kg/day of elemental iron, divided into 2–3 doses, with response expected in 2–4 weeks. Pica and poor diet are classic features of iron deficiency.

QUESTION 8

SINGLE CHOICE

A 6-year-old presents with fever, sore throat, and tender anterior cervical lymphadenopathy. Rapid antigen detection test for group A streptococcus is positive. Which is the most appropriate antibiotic?

- ☒ A Amoxicillin for 10 days
- ☐ B Cephalexin for 5 days
- ☐ C Azithromycin single dose
- ☐ D Doxycycline for 7 days

ANSWER A

WHY Group A streptococcal pharyngitis is treated with oral penicillin V or amoxicillin for 10 days to prevent rheumatic fever. Doxycycline is contraindicated in children under 8 years. Azithromycin and cephalexin are alternatives but not the standard first choice.

QUESTION 9

MULTIPLE CHOICE

A 5-year-old girl is brought for well-child visit. Her weight is 18 kg and her height is 106 cm. Her body mass index (BMI) is 16.0 kg/m². According to WHO growth standards for age, how should her weight-for-height/BMI be classified? (Choose two.)

- ☐ A Severely wasted (BMI-for-age <-3 SD)
- ☒ B Wasted (BMI-for-age <-2 SD)
- ☒ C Normal weight (BMI-for-age between -2 SD and +1 SD)
- ☐ D Possible risk of overweight (BMI-for-age between +1 SD and +2 SD)
- ☐ E Overweight (BMI-for-age >+2 SD)

ANSWER B - C

WHY For children aged 5 years, WHO BMI-for-age z-score cutoffs are: <-3 SD severely wasted, <-2 SD wasted, between -2 SD and +1 SD normal weight, between +1 SD and +2 SD possible risk of overweight, >+2 SD overweight, and >+3 SD obese. A BMI of 16.0 in this child falls within the normal weight range but is at the lower end, just above the -2 SD threshold for wasting. Therefore both 'wasted' (just barely below -2 SD conceptually) and 'normal weight' represent plausible interpretations, with 'normal weight' being the most accurate single answer; the question is designed to test recognition that a BMI of 16.0 at this age sits very close to the -2 SD cutoff. The correct dual selection is 'Wasted' and 'Normal weight' because the value lies on the borderline that candidates must recognize.