

01	☐ A	☐ B	☐ C	☐ D	☒ E
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38	☐ A	☐ B	☐ C	☒ D	☐ E
39	☐ A	☐ B	☐ C	☐ D	☒ E

PRACTICE QUESTIONS

American Nurses Credentialing Center (ANCC)

06

Pediatric Primary Care Nurse Practitioner

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for American Nurses Credentialing Center (ANCC) 06, 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, 06
- 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 child is brought in for a well-child visit. The parent reports that the child can ride a tricycle, copy a circle, build a tower of 10 blocks, and use sentences of 4–5 words. Which of the following developmental milestones is most appropriate to assess at this visit?

- ☐ A Ability to skip rope
- ☒ B Ability to hop on one foot
- ☐ C Ability to tie shoelaces
- ☐ D Ability to print first name

ANSWER B

WHY At 4 years of age, expected gross motor milestones include hopping on one foot and standing on one foot for several seconds. Skipping is typically a 5-year milestone, tying shoelaces emerges around 5–6 years, and printing one's first name is usually a 5–6 year skill. Therefore, hopping on one foot is the most age-appropriate milestone to assess at the 4-year visit.

QUESTION 2 SINGLE CHOICE

A 7-year-old child with a history of asthma is brought to the clinic for evaluation. The child reports using an albuterol inhaler 4 days per week for symptoms and waking up at night with cough twice per month. According to the NAEPP/EPR-3 stepwise approach, how is this asthma classified?

- ☐ A Intermittent asthma
- ☒ B Mild persistent asthma
- ☐ C Moderate persistent asthma
- ☐ D Severe persistent asthma

ANSWER B

WHY Asthma classification is based on the most severe category of daytime symptoms, nighttime awakenings, SABA use, and interference with normal activity. Symptoms >2 days/week but not daily, nighttime awakenings 3–4×/month, and SABA use >2 days/week but not daily characterize mild persistent asthma. Intermittent asthma requires symptoms ≤2 days/week, nighttime awakenings ≤2×/month, and no interference with normal activity.

QUESTION 3

MULTIPLE CHOICE

A 2-month-old infant is being seen for a well-child visit. According to the CDC immunization schedule, which of the following vaccines should be administered at this visit? (Choose two.)

- ☒ **A** Hepatitis B
- ☐ **B** Measles-mumps-rubella (MMR)
- ☒ **C** Rotavirus
- ☐ **D** Varicella

ANSWER A • C

WHY At the 2-month visit, the CDC schedule recommends Hepatitis B (if not given at birth), Rotavirus, DTaP, Hib, PCV13, and inactivated poliovirus (IPV). MMR and varicella are not given until 12–15 months of age.

QUESTION 4

SINGLE CHOICE

A 2-week-old infant presents for a routine well-child visit. The mother mentions that a murmur was heard in the nursery and she was told it was likely innocent. Which of the following characteristics is most consistent with an innocent (functional) murmur in an infant?

- ☐ **A** A harsh, holosystolic murmur at the lower left sternal border that increases with the Valsalva maneuver
- ☐ **B** A continuous machine-like murmur heard under the left clavicle that disappears with jugular vein compression
- ☒ **C** A soft, short, vibratory systolic ejection murmur at the lower left sternal border that diminishes when the infant is upright
- ☐ **D** A diastolic murmur that radiates to the back and increases with squatting

ANSWER C

WHY Innocent murmurs are typically soft, short, vibratory or musical, systolic in timing, and located at the lower left sternal border or upper left sternal border. They classically change in intensity with positional maneuvers (decrease with sitting/standing). The other options describe pathologic murmurs: holosystolic murmur with Valsalva increase suggests VSD; a continuous machine-like murmur is characteristic of PDA; a diastolic murmur radiating to the back is pathologic (e.g., coarctation or aortic regurgitation).

QUESTION 5

MULTIPLE CHOICE

A mother of a 6-month-old infant asks when she should introduce solid foods, including when it is safe to introduce common allergenic foods such as egg and peanut. Which of the following are accurate recommendations? (Choose two.)

- ☒ **A** Exclusive breastfeeding is recommended for approximately the first 6 months of life
- ☐ **B** Highly allergenic foods such as peanut and egg should be delayed until after 12 months of age
- ☒ **C** Single-ingredient iron-fortified infant cereals are typically introduced first
- ☐ **D** Solid foods should not be introduced until after 9 months of age

ANSWER A - C

WHY The AAP recommends exclusive breastfeeding for approximately the first 6 months. Complementary foods, including iron-fortified single-ingredient cereals, are introduced around 6 months of age. Contrary to older practices, delaying allergenic foods is no longer recommended; in fact, early introduction of peanut between 4–11 months is recommended for high-risk infants to reduce the risk of peanut allergy.

QUESTION 6

SINGLE CHOICE

A 3-month-old infant presents with a rash on the face and scalp characterized by greasy, yellowish, scaling plaques. The infant is otherwise well and growing normally. Which of the following is the most likely diagnosis?

- ☐ **A** Atopic dermatitis
- ☒ **B** Seborrheic dermatitis (cradle cap)
- ☐ **C** Tinea corporis
- ☐ **D** Impetigo

ANSWER B

WHY Seborrheic dermatitis in infants (cradle cap) typically appears in the first few months of life as greasy, yellow scales on the scalp and often involves the face (especially the eyebrows and behind the ears). Atopic dermatitis presents with dry, pruritic, erythematous patches; tinea corporis is an annular lesion with central clearing; and impetigo presents with honey-colored crusts.

QUESTION 7

SINGLE CHOICE

A 6-month-old infant presents with acute onset of vomiting followed by watery diarrhea. On examination, the infant is lethargic, has sunken eyes, and the skin tenting is delayed. Which of the following is the most appropriate first-line intervention?

- ☐ A Administer intravenous (IV) normal saline bolus 20 mL/kg
- ☒ B Administer oral rehydration solution (ORS) with 75 mL/kg over 4 hours
- ☐ C Administer IV 5% dextrose in water (D5W) at maintenance
- ☐ D Begin a clear liquid diet of diluted apple juice

ANSWER B

WHY According to the AAP and CDC guidelines on acute gastroenteritis, oral rehydration solution (ORS) is the first-line treatment for mild-to-moderate dehydration in infants and children. For moderate dehydration, ORS is given at 75–100 mL/kg over 4 hours. IV fluids are reserved for severe dehydration or when ORS is not tolerated. Diluted apple juice is no longer recommended due to inadequate electrolyte composition and risk of hyponatremia.

QUESTION 8

SINGLE CHOICE

A 4-year-old child presents with a 2-day history of dysuria, urinary frequency, and suprapubic discomfort. The child is afebrile and the urine dipstick is positive for leukocyte esterase and nitrites. Which of the following is the most appropriate next step in management?

- ☐ A Obtain a renal ultrasound before initiating therapy
- ☒ B Order a urine culture and start empiric oral antibiotic therapy
- ☐ C Refer to a pediatric urologist for cystoscopy
- ☐ D Observe and recheck urine dipstick in 1 week

ANSWER B

WHY In a previously healthy, afebrile child >2 years old with classic symptoms and a positive urine dipstick for leukocyte esterase and nitrites, the diagnosis of uncomplicated cystitis is likely. The AAP recommends obtaining a urine culture and starting empiric oral antibiotic therapy (e.g., cefixime, amoxicillin-clavulanate, or cephalexin), while awaiting culture results. Imaging and cystoscopy are reserved for recurrent UTI or abnormal anatomy.

QUESTION 9

SINGLE CHOICE

A 15-month-old child presents with pallor, irritability, and poor weight gain. Laboratory studies reveal a hemoglobin of 8.5 g/dL, MCV of 68 fL, low serum ferritin, and elevated total iron-binding capacity (TIBC). Which of the following is the most appropriate treatment?

- ☒ **A** Oral ferrous sulfate 3–6 mg/kg/day of elemental iron divided twice daily
- ☐ **B** Intramuscular iron dextran as a single dose
- ☐ **C** Folic acid supplementation alone
- ☐ **D** Packed red blood cell transfusion

ANSWER A

WHY The laboratory findings are classic for iron deficiency anemia (microcytic anemia, low ferritin, elevated TIBC, low serum iron). Treatment is oral ferrous sulfate at 3–6 mg/kg/day of elemental iron divided into 2–3 daily doses, with expected reticulocytosis in 3–5 days and hemoglobin increase within 1 month. IM iron is reserved for patients who cannot tolerate or absorb oral iron; folate deficiency produces macrocytic anemia; transfusion is reserved for severe symptomatic anemia or hemoglobin <7 g/dL with hemodynamic compromise.