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39	A	B	C	D	E

PRACTICE QUESTIONS

Elsevier Remotely Proctored Exams

PNPED

Practical Nursing Pediatric

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for Elsevier Remotely Proctored Exams **PNPED**, 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, **PNPED**
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Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1

SINGLE CHOICE

A 4-year-old child is described by the nurse as being in Piaget's preoperational stage of cognitive development. Which behavior would the nurse expect to observe in this child?

- ☐ A Uses logical reasoning to solve concrete problems
- ☒ B Engages in symbolic play and uses egocentric thinking
- ☐ C Demonstrates abstract thought and hypothetical reasoning
- ☐ D Shows object permanence and goal-directed behavior

ANSWER B

WHY Piaget's preoperational stage (ages 2-7) is characterized by symbolic play, egocentric thinking, and intuitive reasoning rather than logical operations. Logical reasoning with concrete problems is the concrete operational stage (7-11 years). Abstract thought and hypothetical reasoning occur in the formal operational stage (12+ years). Object permanence is a milestone of the sensorimotor stage (0-2 years).

QUESTION 2

SINGLE CHOICE

A nurse is preparing to administer amoxicillin 40 mg/kg/day divided into three doses to a child who weighs 22 lb. The medication is supplied as 250 mg/5 mL. What volume in mL should the nurse administer per dose?

- ☒ A 2.7 mL
- ☐ B 4.0 mL
- ☐ C 8.0 mL
- ☐ D 13.3 mL

ANSWER A

WHY Convert weight: $22 \text{ lb} \div 2.2 = 10 \text{ kg}$. Total daily dose: $40 \text{ mg} \times 10 \text{ kg} = 400 \text{ mg/day}$. Divided into 3 doses: $400 \div 3 \approx 133.3 \text{ mg/dose}$. Volume: $(133.3 \text{ mg} \times 5 \text{ mL}) \div 250 \text{ mg} \approx 2.67 \text{ mL}$, rounded to 2.7 mL per dose.

QUESTION 3 SINGLE CHOICE

An infant is brought to the clinic with a history of projectile vomiting after feedings, weight loss, and visible peristaltic waves across the abdomen. Which condition is the most likely cause?

- ☐ A Gastroesophageal reflux disease (GERD)
- ☒ B Pyloric stenosis
- ☐ C Intussusception
- ☐ D Hirschsprung disease

ANSWER B

WHY Pyloric stenosis classically presents between 3-6 weeks of age with projectile, non-bilious vomiting, visible peristaltic waves, and an olive-shaped mass in the epigastrium. GERD typically presents with effortless regurgitation. Intussusception causes colicky pain, 'currant jelly' stools, and a sausage-shaped mass. Hirschsprung disease presents with failure to pass meconium and chronic constipation.

QUESTION 4 SINGLE CHOICE

A 2-month-old infant is scheduled to receive routine immunizations. Which vaccine is contraindicated for administration at this age based on the standard pediatric immunization schedule?

- ☐ A Hepatitis B vaccine
- ☐ B DTaP vaccine
- ☒ C MMR vaccine
- ☐ D Rotavirus vaccine

ANSWER C

WHY The MMR vaccine is not given until 12-15 months of age because maternal antibodies can interfere with the immune response and because the vaccine is a live attenuated type not recommended before 12 months. Hepatitis B, DTaP, and rotavirus vaccines are all routinely administered at the 2-month visit.

QUESTION 5

SINGLE CHOICE

A nurse is communicating with a 5-year-old child who is hospitalized. Which communication technique is most age-appropriate for the nurse to use?

- ☐ A Explain procedures using detailed anatomical terminology
- ☒ B Use simple concrete language and allow the child to handle safe medical equipment
- ☐ C Rely primarily on abstract reasoning to explain the illness
- ☐ D Direct all communication to the parent and exclude the child

ANSWER B

WHY Preschoolers (3-5 years) understand best with simple, concrete language, benefit from therapeutic play including handling safe equipment, and should be included in communication. Detailed anatomical terminology is too abstract. Abstract reasoning develops later. Excluding the child does not support family-centered, developmentally appropriate care.

QUESTION 6

SINGLE CHOICE

A nurse is assessing pain in a 3-year-old child who is preverbal due to developmental delay. Which pain assessment tool is most appropriate for this child?

- ☐ A Numeric Rating Scale (0-10)
- ☐ B Visual Analog Scale
- ☒ C FLACC Behavioral Pain Assessment Scale
- ☐ D McGill Pain Questionnaire

ANSWER C

WHY The FLACC (Face, Legs, Activity, Cry, Consolability) scale is a behavioral observational tool appropriate for children from 2 months to 7 years, especially those who cannot self-report. The numeric and visual analog scales require self-report. The McGill Pain Questionnaire is used in adults and older adolescents.

QUESTION 7

SINGLE CHOICE

A child is in cardiac arrest. The nurse is preparing to use a pediatric AED. Which action is correct regarding pad placement and energy dose for a child older than 1 year?

- ☐ A Use adult pads in the standard anterior-anterior position with adult energy settings
- ☒ B Use pediatric pads in the anterior-posterior position with the pediatric dose attenuator if available
- ☐ C Use pediatric pads only in the anterior-lateral position with adult energy settings
- ☐ D Use adult pads only; pediatric pads are not manufactured

ANSWER B

WHY For children older than 1 year, pediatric AED pads are preferred and placed in the anterior-posterior position (one on the chest, one on the back) to avoid pad-to-pad contact on the small chest. If pediatric pads are not available, adult pads may be used. The pediatric dose attenuator delivers a lower, age-appropriate energy dose.

QUESTION 8

SINGLE CHOICE

A nurse notices a 6-month-old infant with bruises in various stages of healing on the buttocks, thighs, and back. The parent gives a vague history that the infant 'rolls off the bed a lot.' Which is the nurse's priority action?

- ☐ A Accept the parent's explanation and document the findings
- ☒ B Document objectively and report suspected abuse to the appropriate protective services
- ☐ C Confront the parent about the inconsistency of the history
- ☐ D Wait until more injuries appear before acting

ANSWER B

WHY Bruises in various stages of healing on protected areas (buttocks, thighs, back) of a non-ambulatory infant are highly suspicious for non-accidental trauma. Nurses are mandated reporters and must objectively document findings and report to child protective services. Accepting the explanation, confronting the parent, or delaying action may place the child at continued risk.

QUESTION 9

MULTIPLE CHOICE

A child with severe dehydration is receiving IV fluid resuscitation. Which clinical findings indicate that the child is responding appropriately to fluid replacement therapy? (Choose two.)

- ☐ A Decreased urine output
- ☒ B Improved skin turgor and moist mucous membranes
- ☐ C Tachycardia with prolonged capillary refill greater than 4 seconds
- ☒ D Stable weight with decreasing heart rate and improved mental status
- ☐ E Sunken fontanelle with absent tears

ANSWER B - D

WHY Improved skin turgor and moist mucous membranes, along with stable weight and decreasing heart rate with improved mental status, are signs of effective rehydration. Decreased urine output, tachycardia with prolonged capillary refill, and sunken fontanelle with absent tears all indicate worsening or unresolved dehydration.