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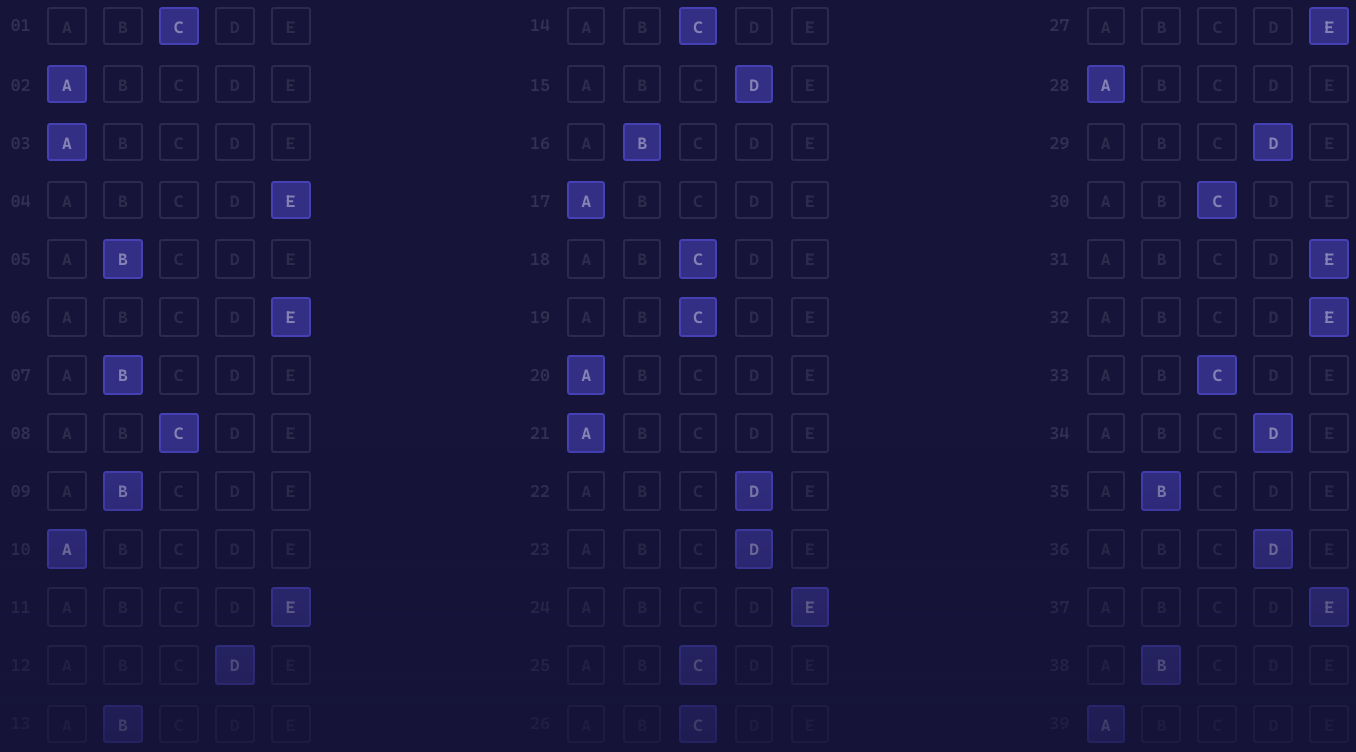

PRACTICE QUESTIONS

NBME® Subject Examination Program, Medical School Services (MSS), including International Foundations of Medicine (IFOM)

PEDIC

Pediatrics

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

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Before you begin

What this is

9 practice questions for NBME® Subject Examination Program, Medical School Services (MSS), including International Foundations of Medicine (IFOM) `PEDIC`, 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, `PEDIC`
- 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 to the clinic for a well-child visit. The mother reports that the child speaks in three- to four-word sentences, knows his first and last name, and can ride a tricycle. Which of the following developmental milestones is most appropriate to assess at this age?

A **Ability to copy a circle**

B Ability to stand on one foot for 10 seconds

C Ability to skip and hop on one foot

D Ability to draw a person with six parts

ANSWER **A**

WHY At age 4 years, a child is typically expected to copy a circle, draw a person with 2–4 parts, and use sentences of 4–5 words. Standing on one foot for 10 seconds and skipping/hopping on one foot are typical 5-year-old milestones, and drawing a person with six parts is a 6-year-old milestone. The findings reported are consistent with normal 4-year-old development, and copying a circle is the expected milestone to assess.

QUESTION 2 SINGLE CHOICE

A 2-week-old exclusively breast-fed infant is brought to the clinic because the mother is concerned that the baby is not getting enough milk. The infant has regained birth weight and has 6 wet diapers and 3 yellow, seedy stools per day. The mother wants to supplement with formula. Which of the following is the most appropriate counseling?

A Supplement with glucose water after each feeding

B Switch to exclusive formula feeding

C Continue exclusive breast-feeding on demand

D Supplement with formula only at night

ANSWER C

WHY Adequate breast milk intake in the first weeks is indicated by regaining birth weight by approximately 2 weeks of age, 6 or more wet diapers per day, and frequent yellow, seedy stools. These signs indicate that the infant is receiving sufficient milk, and continued exclusive on-demand breast-feeding is the most appropriate recommendation.

QUESTION 3 MULTIPLE CHOICE

Which of the following vaccines are routinely recommended for all healthy 11- to 12-year-old children in the United States? (Choose two.)

A Tetanus, diphtheria, and acellular pertussis (Tdap) vaccine

B Measles-mumps-rubella (MMR) booster

C Quadrivalent meningococcal conjugate vaccine (MenACWY)

D Varicella vaccine

E Pneumococcal polysaccharide vaccine (PPSV23)

ANSWER A · C

WHY At the 11- to 12-year-old well-child visit, routinely recommended vaccines include the Tdap booster and the first dose of the quadrivalent meningococcal conjugate vaccine (MenACWY), as well as the HPV vaccine series. MMR and varicella boosters are given at 4–6 years. PPSV23 is not a routine vaccine for healthy children; it is indicated for children with specific high-risk conditions.

QUESTION 4 SINGLE CHOICE

A 2-day-old term newborn has tachypnea, a grade 3/6 holosystolic murmur at the lower left sternal border, and bounding pulses with a widened pulse pressure. Echocardiography demonstrates a left-to-right shunt at the level of the ventricles. Which of the following is the most likely diagnosis?

A Tetralogy of Fallot

B Patent ductus arteriosus

C Ventricular septal defect

D Transposition of the great arteries

ANSWER C

WHY A holosystolic murmur at the lower left sternal border is the classic finding of a ventricular septal defect (VSD). Bounding pulses with a widened pulse pressure can be seen with large left-to-right shunts. Tetralogy of Fallot typically presents with a harsh systolic ejection murmur and cyanosis, PDA produces a continuous machine-like murmur, and TGA presents with severe cyanosis shortly after birth without a characteristic holosystolic murmur.

QUESTION 5 SINGLE CHOICE

A 7-year-old with persistent asthma is being started on long-term controller therapy according to stepwise management guidelines. His symptoms occur most days and nighttime awakenings occur about once a week. Lung examination reveals mild expiratory wheezing. Which of the following is the most appropriate initial controller therapy?

A Short-acting beta-2 agonist (SABA) as needed only

B Low-dose inhaled corticosteroid

C Medium-dose inhaled corticosteroid plus a long-acting beta-2 agonist

D Oral leukotriene receptor antagonist alone

ANSWER B

WHY According to NAEPP/EPR-3 stepwise therapy, a child with daily asthma symptoms and nighttime awakenings more than once a month but not nightly corresponds to step 2–3 management. Daily low-dose inhaled corticosteroid is the preferred controller therapy at this level for children of this age group. SABA-only therapy is no longer recommended for persistent asthma, and medium-dose ICS plus LABA is reserved for more severe, uncontrolled disease.

QUESTION 6 SINGLE CHOICE

A previously healthy 18-month-old presents with 3 days of high fever (39.5 °C), rhinorrhea, and cough. On examination, there are scattered wheezes and crackles bilaterally. Chest radiograph shows perihilar interstitial infiltrates and hyperinflation. Which of the following is the most likely causative organism?

A **Respiratory syncytial virus (RSV)**

B Streptococcus pneumoniae

C Mycoplasma pneumoniae

D Bordetella pertussis

ANSWER **A**

WHY Bronchiolitis, characterized by fever, rhinorrhea, wheezing, crackles, and hyperinflation with perihilar interstitial infiltrates, is most commonly caused by respiratory syncytial virus in children younger than 2 years. Mycoplasma pneumoniae more typically causes atypical pneumonia in school-aged children. S. pneumoniae causes focal lobar pneumonia, and B. pertussis causes paroxysmal cough with whooping and post-tussive emesis.

QUESTION 7 SINGLE CHOICE

A 15-month-old child with pallor and poor weight gain is found to have a hemoglobin of 8.5 g/dL, a low mean corpuscular volume, and an elevated red cell distribution width (RDW). Ferritin is low and total iron-binding capacity is elevated. Which of the following is the most appropriate initial management?

A Intravenous iron infusion

B Oral ferrous sulfate and dietary counseling

C Transfusion of packed red blood cells

D Empiric vitamin B12 injections

ANSWER B

WHY Microcytic, hypochromic anemia with low ferritin, elevated TIBC, and elevated RDW is consistent with iron-deficiency anemia, the most common cause of anemia in toddlers. Oral ferrous sulfate (3–6 mg/kg/day of elemental iron) along with counseling to limit cow's milk intake and increase iron-rich foods is the standard initial therapy. Transfusion is reserved for severe, symptomatic anemia, and IV iron is generally used when oral therapy fails or is not tolerated.

QUESTION 8 SINGLE CHOICE

A 6-year-old boy has episodes of staring blankly for 10–15 seconds, several times a day, with immediate return to baseline and no postictal confusion. The episodes can be interrupted by calling his name. EEG shows generalized 3-Hz spike-and-wave discharges. Which of the following is the most appropriate first-line therapy?

A Carbamazepine

B Ethosuximide

C Valproic acid

D Levetiracetam

ANSWER B

WHY Brief staring spells with immediate return to baseline and generalized 3-Hz spike-and-wave discharges on EEG are characteristic of childhood absence epilepsy. Ethosuximide is the first-line therapy for uncomplicated absence epilepsy because it has comparable efficacy to valproic acid but fewer attentional side effects. Carbamazepine can worsen absence seizures, and levetiracetam, while used, is not first-line.

QUESTION 9 MULTIPLE CHOICE

Which of the following are routinely performed as part of universal newborn screening in the United States? (Choose two.)

A **Universal newborn hearing screening**

B **Universal pulse oximetry screening for critical congenital heart disease**

C Universal cranial ultrasound screening

D Universal newborn dilated fundus examination

E Universal magnetic resonance imaging of the brain

ANSWER **A** · **B**

WHY Universal newborn screening in the United States includes a heel-stick dried blood spot test for metabolic and genetic disorders, universal newborn hearing screening, and universal pulse oximetry screening for critical congenital heart disease. Routine cranial ultrasound, fundus examination, and brain MRI are reserved for infants with specific risk factors such as prematurity, family history, or abnormal clinical findings.