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

PRACTICE QUESTIONS

Dubai Health Authority (DHA)

PEDS

Specialist Pediatrics

Uploaded by Community A

EDITION

Original Demo

QUESTIONS

6

ISSUED

October 14, 2026

Before you begin

What this is

6 practice questions for Dubai Health Authority (DHA) 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.

Licence

Free Mometrix practice demo. The complete question bank is available through a paid account.

QUESTION 1

MULTIPLE CHOICE

During the PALS initial assessment of an unresponsive 4-year-old child with suspected cardiopulmonary arrest, which of the following are key components of the Primary Assessment (the 'evaluate-identify-intervene' sequence)? (Choose two.)

- ☒ **A** Assessing airway patency and breathing effectiveness
- ☐ **B** Measuring serum lactate
- ☐ **C** Evaluating circulation, including heart rate, blood pressure, and perfusion
- ☐ **D** Performing a focused abdominal ultrasound (FAST scan)
- ☒ **E** Assessing disability using AVPU and pupillary response
- ☐ **F** Calculating a Glasgow Coma Scale every 15 minutes throughout resuscitation

ANSWER A • E

WHY The PALS Primary Assessment follows the Airway, Breathing, Circulation, Disability, Exposure (ABCDE) sequence. Airway patency/breathing effectiveness and disability (AVPU and pupils) are core components. Serum lactate, FAST scan, and scheduled GCS scoring every 15 minutes are not part of the PALS primary assessment framework - GCS is only one element of the 'D' assessment and is not repeated on a fixed schedule during active resuscitation.

QUESTION 2 SINGLE CHOICE

A 4-year-old boy is brought for well-child assessment. His weight is 16 kg, height 98 cm, and head circumference 50 cm. Which growth parameter warrants the most urgent evaluation?

- ☐ A Weight for age
- ☐ B Height for age
- ☒ C Head circumference for age
- ☐ D BMI for age

ANSWER C

WHY Head circumference of 50 cm at age 4 years is well above the 97th percentile (normal is approximately 49 cm at birth with only ~6-7 cm growth in the first year and very little thereafter). Macrocephaly at this age requires urgent evaluation for causes such as hydrocephalus, intracranial mass, or genetic syndromes. Weight (16 kg), height (98 cm), and BMI are all within normal limits for age.

QUESTION 3 SINGLE CHOICE

A 14-month-old previously healthy child has pallor. CBC: Hb 8.2 g/dL, MCV 58 fL, MCH 19 pg, RBC $4.5 \times 10^{12}/L$, RDW 18%, ferritin 8 ng/mL, and normal hemoglobin electrophoresis. Which is the most appropriate oral iron therapy?

- ☒ A Ferrous sulfate 3-6 mg/kg/day of elemental iron in divided doses
- ☐ B Iron polymaltose complex 1 mg/kg/day once daily
- ☐ C Iron sucrose infusion 5 mg/kg single dose
- ☐ D Ferrous sulfate 1 mg/kg/day elemental iron once weekly

ANSWER A

WHY The lab profile is diagnostic of iron deficiency anemia. Standard treatment is 3-6 mg/kg/day of elemental iron in 2-3 divided doses. Intermittent dosing is less effective. Parenteral iron is reserved for intolerance to oral iron or malabsorption. The reticulocyte count should rise within 1 week, and Hb should normalize within 1-2 months; therapy continues for 2-3 months after Hb normalizes to replete stores.

QUESTION 4

SINGLE CHOICE

A 14-month-old child presents with 4 days of vomiting and diarrhea. He is lethargic, has very sunken eyes, a very dry mouth, and a capillary refill of 4 seconds. According to WHO/IMCI classification, what is the severity of dehydration and the recommended rehydration approach?

- ☐ A Some dehydration; give oral rehydration solution over 4 hours
- ☒ B Severe dehydration; begin rapid intravenous rehydration with isotonic fluid
- ☐ C Severe dehydration; give oral rehydration solution by nasogastric tube
- ☐ D No dehydration; continue oral fluids at home

ANSWER B

WHY Lethargy, very sunken eyes, very dry mouth, and delayed capillary refill (>3 seconds) meet IMCI criteria for severe dehydration. The recommended treatment is urgent rapid intravenous rehydration with isotonic crystalloid, starting with 30 ml/kg in the first hour for infants, followed by 70 ml/kg over the next 5 hours. ORS (oral or NG) is reserved for patients who can drink and do not require urgent IV access.

QUESTION 5

SINGLE CHOICE

A 5-day-old term, exclusively breastfed infant is brought in with jaundice. Total serum bilirubin is 17 mg/dL on the day of life 5. According to the Bhutani nomogram, this value lies in which risk zone?

- ☐ A Low-risk zone
- ☐ B Low-intermediate risk zone
- ☒ C High-intermediate risk zone
- ☐ D High-risk zone

ANSWER C

WHY On the Bhutani nomogram, a total serum bilirubin of 17 mg/dL at 5 days of life in a term infant falls within the high-intermediate risk zone, indicating that phototherapy is likely indicated and a closer follow-up with intensive phototherapy or exchange transfusion thresholds should be applied depending on the infant's risk factors.

QUESTION 6

SINGLE CHOICE

A 3-year-old child has had fever for 6 days (39-40°C), bilateral non-purulent conjunctivitis, red cracked lips, strawberry tongue, cervical lymphadenopathy, polymorphous rash, and edema of the hands and feet. The most likely diagnosis is:

- ☐ A Stevens-Johnson syndrome
- ☒ B Kawasaki disease
- ☐ C Measles
- ☐ D Toxic shock syndrome

ANSWER B

WHY The combination of fever ≥ 5 days plus four of the five classic mucocutaneous criteria (conjunctivitis, oral changes, rash, extremity changes, cervical lymphadenopathy) meets the diagnostic criteria for Kawasaki disease, which requires prompt IVIG and aspirin to prevent coronary artery aneurysms.