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PRACTICE QUESTIONS

Ministry of Health Kuwait Medical Licensing Department

PEDS

Pediatrics For Registrar

Uploaded by Community B

EDITION

Original Demo

QUESTIONS

8

ISSUED

October 14, 2026

Before you begin

What this is

8 practice questions for Ministry of Health Kuwait Medical Licensing Department **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

SINGLE CHOICE

A 4-year-old boy presents with periorbital edema and generalized edema. Urinalysis shows 4+ protein, serum albumin is 1.8 g/dL, cholesterol is elevated, and complement levels are normal. Blood pressure is normal. What is the most likely diagnosis and appropriate first-line therapy?

- ☐ A Post-streptococcal glomerulonephritis; treat with penicillin and supportive care
- ☒ B Minimal change disease; start oral prednisone (or prednisolone) 60 mg/m²/day for 4-6 weeks
- ☐ C Membranoproliferative glomerulonephritis; start long-term cyclophosphamide
- ☐ D IgA nephropathy; start ACE inhibitor therapy

ANSWER B

WHY In a preschool-age child with the classic tetrad of nephrotic syndrome (heavy proteinuria, hypoalbuminemia, edema, hyperlipidemia), normal complement, and normal BP, minimal change disease is the most likely diagnosis (≈90% of cases under age 10). Standard first-line therapy is oral corticosteroids, typically 60 mg/m²/day for 4-6 weeks followed by tapering alternate-day dosing.

QUESTION 2

SINGLE CHOICE

An 8-year-old child with known type 1 diabetes mellitus presents with 2 days of vomiting, abdominal pain, Kussmaul respirations, and dehydration. Capillary glucose is 450 mg/dL and urine ketones are strongly positive. Initial arterial blood gas shows pH 7.10, bicarbonate 8 mEq/L. Which is the most appropriate initial fluid and insulin regimen?

- ☐ A Oral rehydration solution and subcutaneous lispro insulin
- ☒ B Bolus 10-20 mL/kg of 0.9% saline, then begin IV regular insulin infusion at 0.05-0.1 units/kg/hour
- ☐ C Bolus 20 mL/kg of 5% dextrose in water, then IV insulin infusion at 0.1 units/kg/hour
- ☐ D Bolus 10-20 mL/kg of 0.9% saline, then subcutaneous regular insulin at 0.1 units/kg every 4 hours

ANSWER B

WHY Pediatric DKA management requires cautious isotonic fluid resuscitation (10-20 mL/kg 0.9% saline bolus) followed by an IV regular insulin infusion at 0.05-0.1 units/kg/hour after initial fluids. Dextrose is added when blood glucose falls below ~250-300 mg/dL, not as the initial fluid. Subcutaneous insulin and oral hydration are inappropriate for moderate-to-severe DKA.

QUESTION 3

MULTIPLE CHOICE

A 14-month-old child presents with bowing of the legs, frontal bossing, widened wrists, and delayed dentition. Labs: Ca 8.4 mg/dL (low), PO₄ 2.8 mg/dL (low), ALP markedly elevated, PTH elevated, 25-OH vitamin D markedly decreased. Which of the following are appropriate management measures? (Choose two.)

- ☒ **A** Vitamin D supplementation (high-dose oral vitamin D) plus oral calcium
- ☐ **B** Strict avoidance of sunlight exposure
- ☒ **C** Continued breastfeeding and ensuring adequate dietary calcium intake
- ☐ **D** Long-term bisphosphonate therapy as first-line treatment

ANSWER A • C

WHY This is classic nutritional rickets due to vitamin D deficiency. Treatment is high-dose vitamin D (e.g., 2,000 IU daily for several weeks or a single high-dose), combined with adequate calcium intake (dietary or supplemental). Sunlight exposure should be encouraged (with safe limits). Bisphosphonates are NOT first-line for nutritional rickets; they may be considered in rare resistant cases under specialist supervision.

QUESTION 4

SINGLE CHOICE

A term newborn is apneic and bradycardic (HR 50/min) immediately after birth despite initial steps (warm, position, clear airway if needed, dry, stimulate). Effective positive-pressure ventilation (PPV) with room air is initiated. After 30 seconds of correctly performed PPV, the heart rate remains 50/min. What is the next immediate step?

- ☐ A Continue PPV with room air and reassess in 30 seconds
- ☒ B Begin chest compressions at a ratio of 3:1 with PPV, using 100% oxygen
- ☐ C Intubate the trachea and continue PPV
- ☐ D Administer IV epinephrine 0.1 mg/kg (1:10,000)

ANSWER B

WHY Per NRP (Neonatal Resuscitation Program) algorithm, if HR remains below 60/min after 30 seconds of effective PPV, chest compressions should be started at a ratio of 3 compressions to 1 ventilation (3:1), with oxygen increased to 21% (room air) initially and consideration of 100% oxygen if compressions are required. Intubation and epinephrine are subsequent steps if HR remains <60/min despite adequate compressions and ventilation.

QUESTION 5

SINGLE CHOICE

A 6-week-old infant presents with poor feeding, tachypnea, and failure to thrive. Examination reveals a holosystolic murmur at the left lower sternal border and a bounding pulse with a wide pulse pressure. The most likely diagnosis is:

- ☐ A Tetralogy of Fallot
- ☒ B Ventricular septal defect with significant left-to-right shunt
- ☐ C Coarctation of the aorta
- ☐ D Total anomalous pulmonary venous return

ANSWER B

WHY Presentation at 6 weeks (when pulmonary vascular resistance has fallen) with tachypnea, poor feeding, failure to thrive, a holosystolic murmur at the left lower sternal border, and bounding pulses with wide pulse pressure is classic for a moderate-to-large VSD with significant left-to-right shunt causing increased pulmonary blood flow. Tetralogy typically has a systolic ejection murmur; coarctation shows differential pulses and BP; TAPVR presents with cyanosis in the neonatal period.

QUESTION 6

SINGLE CHOICE

A 6-month-old infant is exclusively breastfed. The mother is vegetarian and the infant has not received vitamin supplementation. The infant is pale and has bulging of the skull on palpation. Which investigation is most likely to confirm the underlying deficiency?

- ☐ A Serum ferritin
- ☒ B Serum vitamin B12 level
- ☐ C Serum 25-hydroxyvitamin D
- ☐ D Serum folate

ANSWER B

WHY Craniotabes (softening of skull bones with bulging on palpation) in a breastfed infant of a vegetarian mother without supplementation suggests maternal (and thus breast milk) vitamin B12 deficiency causing infantile B12 deficiency. B12 deficiency in infants can present with megaloblastic anemia, developmental regression, and bone changes including craniotabes.

QUESTION 7

SINGLE CHOICE

A 4-year-old child born in a high TB-prevalence country has a positive tuberculin skin test (TST) with 14 mm of induration. He is asymptomatic with a normal chest radiograph and no risk factors for progression other than age. What is the most appropriate management?

- ☐ A Observe and repeat the TST in 6 months
- ☐ B Treat for active TB with 4-drug therapy (HRZE) for 2 months followed by HR for 4 months
- ☒ C Treat for latent TB infection (LTBI) with isoniazid and rifampin for 3 months
- ☐ D No treatment required because the TST induration is below the 15 mm threshold

ANSWER C

WHY A 4-year-old with a TST induration of 10 mm or more (in a child who is otherwise well, BCG-vaccinated, or from a high-prevalence country) is considered positive and, with a normal chest radiograph and no symptoms, is diagnosed with latent TB infection. The preferred LTBI regimen in children is 3 months of isoniazid plus rifampin (3HR). Treating active TB with 4 drugs is reserved for confirmed/suspected active disease. Observation alone risks progression to active TB, particularly in young children. The 15 mm threshold applies to children with no risk factors; 10 mm applies to children with risk factors including age < 5 years or recent immigration from a high-prevalence area.

QUESTION 8

SINGLE CHOICE

A 4-day-old term, exclusively breastfed infant presents with jaundice. Total serum bilirubin is 22 mg/dL. The infant is feeding poorly and has signs of lethargy. Which of the following is the most appropriate immediate management step?

- ☐ A Continue exclusive breastfeeding and recheck bilirubin in 24 hours
- ☐ B Initiate phototherapy and continue breastfeeding with lactation support
- ☒ C **Initiate intensive phototherapy and prepare for exchange transfusion if there is no rapid response**
- ☐ D Stop breastfeeding and start intravenous fluids only
- ☐ E Perform an abdominal ultrasound to rule out biliary atresia before treatment

ANSWER C

WHY A total serum bilirubin of 22 mg/dL in a 4-day-old term infant with lethargy and poor feeding is at or above the threshold for intensive phototherapy on the AAP hour-specific bilirubin nomogram, with a significant risk of progressing to levels requiring exchange transfusion. Immediate intensive phototherapy must be started, and exchange transfusion should be anticipated if the bilirubin does not fall rapidly. Stopping breastfeeding entirely or delaying treatment is inappropriate, as breast milk jaundice rarely causes such high levels and these infants require urgent treatment. Imaging for biliary atresia is not the first step when bilirubin is this elevated in the first week of life.