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| 08 | A | B | C | D | E |
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| 10 | A | B | C | D | E |
| 11 | A | B | C | D | E |
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| 13 | A | B | C | D | E |

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| 14 | A | B | C | D | E |
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| 25 | A | B | C | D | E |
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| 27 | A | B | C | D | E |
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| 32 | A | B | C | D | E |
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| 34 | A | B | C | D | E |
| 35 | A | B | C | D | E |
| 36 | A | B | C | D | E |
| 37 | A | B | C | D | E |
| 38 | A | B | C | D | E |
| 39 | A | B | C | D | E |

## PRACTICE QUESTIONS

### State of Qatar Department of Healthcare Professions (DHP) Ministry of Public Health (MOPH)

# PEDS

Pediatrics

Uploaded by Community A

EDITION

Original Demo

QUESTIONS

6

ISSUED

October 14, 2026

# Before you begin

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## What this is

6 practice questions for State of Qatar Department of Healthcare Professions (DHP) Ministry of Public Health (MOPH) **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 2-month-old previously healthy infant presents with 4 days of clear rhinorrhea, cough, and low-grade fever. Examination reveals tachypnea, intercostal retractions, and diffuse wheezing with crackles. Oxygen saturation is 92% on room air. Which of the following is the most appropriate management?

- ☐ A Administer oral corticosteroids
- ☐ B Administer inhaled salbutamol and reassess
- ☒ C Provide supportive care including nasal suctioning, hydration, and supplemental oxygen as needed
- ☐ D Start empirical oral antibiotics
- ☐ E Obtain a chest CT to evaluate for congenital lung malformation

**ANSWER C**

**WHY** Bronchiolitis is most commonly caused by RSV in infants under 1 year of age. Treatment is largely supportive: nasal suctioning, adequate hydration, and supplemental oxygen for hypoxemia. Routine bronchodilators, corticosteroids, and antibiotics are not recommended by AAP guidelines and have not been shown to shorten the disease course.

**QUESTION 2**

SINGLE CHOICE

A 9-year-old girl with new-onset type 1 diabetes mellitus presents with polyuria, polydipsia, weight loss, Kussmaul breathing, and abdominal pain. Laboratory results: blood glucose 480 mg/dL, pH 7.10, bicarbonate 8 mEq/L, ketones positive in serum and urine. After initial fluid resuscitation with isotonic saline, what is the most appropriate next step in management?

- ☒ **A** Begin insulin infusion at 0.1 U/kg/hour after ensuring potassium replacement is adequate
- ☐ **B** Administer a bolus of regular insulin 0.1 U/kg IV
- ☐ **C** Switch immediately to subcutaneous insulin glargine
- ☐ **D** Administer sodium bicarbonate infusion to correct the acidosis
- ☐ **E** Start oral fluids and subcutaneous insulin once acidosis resolves

**ANSWER A**

**WHY** DKA management in children follows ISPAD guidelines: initial isotonic fluid resuscitation, then continuous IV insulin infusion at 0.05-0.1 U/kg/hour (started at least 1-2 hours after fluids begin), along with dextrose-containing fluids once blood glucose falls, and potassium replacement once urine output is confirmed and serum potassium is acceptable. Bolus insulin, bicarbonate, and immediate subcutaneous insulin are not recommended.

**QUESTION 3**

SINGLE CHOICE

A 4-year-old child presents for routine immunizations. According to the WHO/EPI recommended schedule, which vaccine is given at this age that is not part of the routine infant schedule?

- ☐ A Bacillus Calmette-Guérin (BCG) vaccine
- ☐ B Hepatitis B birth dose
- ☐ C Oral polio vaccine (OPV) birth dose
- ☒ D Diphtheria-tetanus-pertussis (DTP) booster
- ☐ E Measles-containing vaccine (MCV) first dose

**ANSWER D**

**WHY** The WHO/EPI schedule includes a DTP booster dose in the second year of life (typically around 18 months) and an additional booster between 4 and 7 years of age. The other options (BCG, hepatitis B birth dose, OPV birth dose, and the first dose of MCV) are all given during infancy, not at 4 years of age. Booster doses are essential to maintain protective immunity against diphtheria, tetanus, and pertussis during school-age years.

**QUESTION 4**

SINGLE CHOICE

A 14-month-old infant has had 6 watery stools and two episodes of vomiting over the past 24 hours. On examination he is alert, has normal eyes, and his skin pinch goes back slowly. According to the WHO/IMCI dehydration classification, this child has:

- ☐ A No dehydration
- ☒ B Some dehydration (moderate dehydration)
- ☐ C Severe dehydration
- ☐ D Not classifiable because of vomiting

**ANSWER B**

**WHY** A slow skin pinch return plus alert status with normal eyes corresponds to WHO/IMCI 'some dehydration' (moderate). No dehydration requires no signs, and severe dehydration requires lethargy/unconsciousness plus very slow pinch or sunken eyes.

**QUESTION 5**

SINGLE CHOICE

A 14-month-old infant has had 6 watery stools over the past 24 hours and two episodes of vomiting. He is alert, has normal skin turgor, no sunken eyes, and is drinking oral rehydration solution (ORS) well. Which of the following is the most appropriate management plan?

- ☐ A Admit for IV fluid resuscitation with isotonic saline
- ☒ B Continue ORS at home with age-appropriate diet; advise return if signs of dehydration develop
- ☐ C Prescribe loperamide to reduce stool frequency
- ☐ D Prescribe a 7-day course of oral ciprofloxacin
- ☐ E Start a clear liquid diet of only water and apple juice

**ANSWER B**

**WHY** For mild (no or minimal) dehydration from acute gastroenteritis, WHO and AAP recommend continued ORS plus an age-appropriate diet (including continued breastfeeding or usual formula). Antimotility agents such as loperamide are contraindicated in young children, and antibiotics are not indicated for viral gastroenteritis. Water and juice are inappropriate due to their inappropriate electrolyte composition and osmolality.

**QUESTION 6**

SINGLE CHOICE

A 7-year-old boy has a 6-month history of recurrent wheezing episodes occurring approximately once a month. He has cough and wheezing during exercise, and nighttime cough about twice a month. According to standard pediatric asthma classification, what is the most appropriate step in management?

- ☐ A SABA (short-acting beta-agonist) only as needed (Step 1)
- ☒ B Low-dose ICS (inhaled corticosteroid) (Step 2)
- ☐ C Low-dose ICS plus LABA (Step 3)
- ☐ D Medium-dose ICS plus LABA (Step 4)

**ANSWER B**

**WHY** Asthma symptoms occurring >2 days/week but not daily, or nighttime awakenings 3-4 times per month, classify as mild persistent asthma (Step 2). Step 2 treatment is low-dose inhaled corticosteroid (ICS) as preferred controller therapy, with SABA as needed for quick relief. Step 1 (SABA only) is reserved for intermittent asthma with symptoms  $\leq$  2 days/week.