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PRACTICE QUESTIONS

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

PEDS

Pediatrics

EDITION

Original Demo

QUESTIONS

15

ISSUED

October 14, 2026

Before you begin

What this is

15 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.

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QUESTION 1

SINGLE CHOICE

A 3-year-old boy presents with a 6-month history of recurrent wheezing episodes occurring approximately once a month. He has no symptoms between episodes and no atopic history. Examination during an asymptomatic interval is normal. Which of the following is the most appropriate initial step in management?

- ☐ A Inhaled corticosteroid as daily controller therapy
- ☒ B Short-acting beta-2 agonist (SABA) used as needed for symptom relief
- ☐ C Oral montelukast as daily controller therapy
- ☐ D Combination inhaled corticosteroid plus long-acting beta-2 agonist (ICS/LABA) as controller therapy

ANSWER B

WHY This pattern (intermittent wheezing triggered by viral infections, asymptomatic between episodes, no atopy) describes intermittent asthma. According to standard pediatric asthma stepwise management (e.g., GINA and NAEPP/GINA-aligned guidelines), intermittent asthma in children is treated with a SABA used as needed. Daily controller therapy such as low-dose ICS is reserved for persistent asthma. Montelukast is not the preferred initial controller in young children. ICS/LABA combination therapy is reserved for persistent disease not controlled on low-dose ICS.

QUESTION 2

SINGLE CHOICE

A 2-year-old child presents with a 2-day history of low-grade fever, barking cough, and inspiratory stridor that worsens at night. The child is alert, with mild intercostal retractions and no cyanosis. Which of the following is the most appropriate initial management?

- ☐ A Immediate endotracheal intubation and admission to the pediatric intensive care unit.
- ☒ B A single dose of oral dexamethasone and observation with humidified air.
- ☐ C Inhaled racemic epinephrine with close monitoring for rebound symptoms.
- ☐ D Empirical intravenous ceftriaxone and hospital admission.

ANSWER B

WHY This presentation is classic for viral croup (laryngotracheobronchitis). For mild croup (no stridor at rest, no significant retractions, no cyanosis), a single dose of oral dexamethasone is the recommended initial treatment because it reduces airway edema and the need for return visits. Inhaled racemic epinephrine is reserved for moderate to severe croup with stridor at rest. The child is not in respiratory failure, so intubation is not indicated, and croup is viral - antibiotics are not indicated.

QUESTION 3

MULTIPLE CHOICE

A previously healthy 6-year-old boy has a generalized tonic-clonic seizure lasting 2 minutes at home. He has no fever, no meningeal signs, and no neurological deficits on examination after the event. Which of the following investigations are indicated as part of the routine evaluation of a first non-febrile seizure in a child? (Choose two.)

- ☒ **A** Electroencephalogram (EEG)
- ☐ **B** Magnetic resonance imaging of the brain
- ☐ **C** Immediate lumbar puncture
- ☒ **D** Serum electrolytes and glucose

ANSWER A • D

WHY The routine work-up of a first afebrile seizure includes an EEG (to assess for epileptiform activity) and basic blood tests including electrolytes and glucose (to exclude metabolic causes such as hypoglycemia, hyponatremia, or hypocalcemia). MRI is reserved for focal seizures, focal neurological deficits, or abnormal EEG findings. Lumbar puncture is only needed if there are signs of meningitis/encephalitis or in young infants. CT is not routine unless focal features or trauma are present.

QUESTION 4

SINGLE CHOICE

An 18-month-old boy presents with fever, irritability, vomiting, and a bulging anterior fontanelle. Lumbar puncture yields turbid cerebrospinal fluid (CSF). Which CSF finding is most consistent with bacterial meningitis in this age group?

- ☐ A CSF lymphocytes $100/\text{mm}^3$, protein 0.6 g/L, glucose 2.8 mmol/L (50 mg/dL)
- ☒ B CSF neutrophils $>1000/\text{mm}^3$, protein 2.5 g/L, glucose 1.0 mmol/L (18 mg/dL)
- ☐ C CSF opening pressure normal, lymphocytes $5/\text{mm}^3$, protein 0.3 g/L, glucose 3.5 mmol/L
- ☐ D CSF eosinophils $50/\text{mm}^3$, protein 1.2 g/L, glucose 2.5 mmol/L

ANSWER B

WHY Bacterial meningitis typically shows neutrophilic pleocytosis (often $>1000/\text{mm}^3$), very high protein (typically >1 g/L), and very low glucose (CSF/serum glucose ratio <0.4). The option with neutrophils $>1000/\text{mm}^3$, protein 2.5 g/L, and very low glucose matches this pattern. Lymphocytic pleocytosis with normal glucose suggests viral meningitis, and eosinophilic pleocytosis suggests parasitic (e.g., neurocysticercosis) or other non-bacterial causes.

QUESTION 5

MULTIPLE CHOICE

According to current WHO recommendations on complementary feeding for infants and young children, which of the following are correct statements? (Choose two.)

- ☒ A Exclusive breastfeeding is recommended for the first 6 months of life
- ☐ B Complementary foods should be introduced at 2 months of age if the infant appears hungry
- ☒ C Iron-rich complementary foods should be introduced starting around 6 months of age
- ☐ D Whole cow's milk can be used as the main drink before 12 months of age

ANSWER A - C

WHY WHO recommends exclusive breastfeeding for the first 6 months, with introduction of safe, adequate, and iron-rich complementary foods around 6 months while breastfeeding continues. Early introduction (at 2 months) is not recommended, and whole cow's milk should not be used as the main milk drink before 12 months because of its low iron content and risk of iron deficiency anaemia.

QUESTION 6

SINGLE CHOICE

A 4-month-old exclusively breastfed infant presents with blood-streaked loose stools, perianal excoriation, and mild eczema. The mother notes that symptoms worsened after she started drinking cow's milk. The infant is otherwise well and gaining weight. Which of the following is the most appropriate initial management?

- ☐ A Switch the infant to a standard cow's milk formula
- ☐ B Switch the infant to a soy-based formula
- ☒ C Advise the mother to eliminate cow's milk protein from her diet and continue exclusive breastfeeding
- ☐ D Start an amino acid-based formula and discontinue breastfeeding
- ☐ E Perform an immediate skin prick test before any dietary change

ANSWER C

WHY In breastfed infants with cow's milk protein allergy (CMPA), the standard first-line approach is to eliminate cow's milk protein from the mother's diet while continuing exclusive breastfeeding. Most infants respond to maternal dietary elimination; extensively hydrolyzed or amino acid-based formulas are reserved for infants who do not improve or who have severe symptoms such as anaphylaxis or failure to thrive.

QUESTION 7

SINGLE CHOICE

An 18-month-old toddler has pallor and irritability. Hemoglobin is 8.5 g/dL, MCV is 68 fL, MCH is 22 pg, MCHC is 28 g/dL, and the red cell distribution width (RDW) is elevated. White cell and platelet counts are normal. Ferritin is 12 ng/mL (low). What is the most likely diagnosis?

- ☒ **A** Iron deficiency anemia
- ☐ **B** Beta-thalassemia trait
- ☐ **C** Anemia of chronic disease
- ☐ **D** Vitamin B12 deficiency anemia

ANSWER A

WHY Microcytic, hypochromic anemia (low MCV and MCH), elevated RDW, and low ferritin are classic for iron deficiency anemia, the most common cause of anemia in toddlers due to excessive cow's milk intake and poor dietary iron. Beta-thalassemia trait typically shows normal or high ferritin with a normal or only mildly elevated RDW and target cells. Anemia of chronic disease is usually normocytic with normal/high ferritin. B12 deficiency causes macrocytic anemia.

QUESTION 8

SINGLE CHOICE

An 18-month-old boy drinks approximately 700 mL of cow's milk daily and has pallor and irritability. Laboratory studies show hemoglobin 8.5 g/dL, MCV 68 fL, MCH 22 pg, and low ferritin. Which nutritional factor most directly explains this anemia?

- ☐ A Excess folate intake from cow's milk
- ☒ B Calcium and casein in cow's milk impairing iron absorption and displacing iron-rich foods
- ☐ C High vitamin B12 content of cow's milk
- ☐ D Excess vitamin C intake inhibiting iron absorption

ANSWER B

WHY Cow's milk is low in iron, and its calcium, casein, and whey proteins inhibit absorption of dietary non-haeme iron. Excessive cow's milk intake (>500-700 mL/day) in toddlers also displaces iron-rich foods, leading to iron-deficiency anemia, which presents as microcytic, hypochromic anemia with low ferritin. Folate and vitamin B12 intake from cow's milk is not excessive, and vitamin C enhances-rather than inhibits-iron absorption.

QUESTION 9

SINGLE CHOICE

A previously healthy 5-year-old boy develops fever, sore throat, and cervical lymphadenopathy. Examination shows tonsillar exudates. A rapid antigen detection test for group A Streptococcus is positive. The child has no documented drug allergies. Which of the following is the most appropriate treatment?

- ☒ **A** Oral amoxicillin for 10 days.
- ☐ **B** Oral azithromycin for 5 days.
- ☐ **C** Oral amoxicillin-clavulanate for 10 days.
- ☐ **D** Intramuscular benzathine penicillin G as a single dose.

ANSWER A

WHY Group A streptococcal pharyngitis is best treated with a 10-day course of an appropriate antibiotic to prevent acute rheumatic fever. Oral amoxicillin is the first-line agent in non-allergic children because of its narrow spectrum, palatability, and efficacy. Azithromycin is reserved for penicillin-allergic patients. Amoxicillin-clavulanate provides unnecessarily broad coverage. Intramuscular benzathine penicillin G is an alternative when oral adherence is a concern, but a 10-day oral course of amoxicillin is preferred when adherence can be ensured.

QUESTION 10

SINGLE CHOICE

A full-term newborn is apneic and bradycardic with a heart rate of 50 beats per minute after the initial steps of resuscitation. Effective positive-pressure ventilation (PPV) with room air has been provided for 30 seconds with good chest rise. The heart rate remains below 60 beats per minute. What is the most appropriate next step?

- ☐ A Continue PPV with room air and reassess in 30 seconds
- ☐ B Continue PPV and increase the oxygen concentration to 21% to 30%
- ☐ C Continue PPV and increase the oxygen concentration to 21% (FiO2 0.21)
- ☒ D Continue PPV and increase the oxygen concentration to 100% (FiO2 1.0)
- ☐ E Discontinue PPV and begin chest compressions

ANSWER D

WHY Per the NRP algorithm, once effective PPV is being delivered (with chest rise) but the heart rate remains below 60 beats per minute after 30 seconds, the FiO2 should be increased to 1.0 (100% oxygen) while PPV continues. Chest compressions are indicated only when the heart rate remains below 60 beats per minute despite adequate ventilation with 100% oxygen for another 30 seconds.

QUESTION 11

MULTIPLE CHOICE

Which of the following are appropriate components of standard oral rehydration solution (ORS) as recommended by WHO for the treatment of acute gastroenteritis with mild-to-moderate dehydration in children? (Choose two.)

- ☒ **A** Sodium concentration of approximately 75 mmol/L.
- ☐ **B** Glucose concentration of approximately 111 mmol/L.
- ☒ **C** Osmolarity of approximately 245 mOsm/L (reduced-osmolarity ORS).
- ☐ **D** Potassium concentration of approximately 1 mmol/L.

ANSWER **A - C**

WHY WHO-reduced osmolarity ORS has approximately 75 mmol/L sodium, 75 mmol/L glucose, and 20 mmol/L potassium, with a total osmolarity of about 245 mOsm/L. Option B overstates the glucose concentration, and option D understates the potassium concentration. Reduced-osmolarity ORS is preferred for non-cholera diarrhea because it reduces the risk of hypernatremia while maintaining effective reabsorption via the sodium-glucose cotransporter.

QUESTION 12

SINGLE CHOICE

A previously healthy 4-year-old girl has a generalized tonic-clonic seizure lasting 2 minutes. She has no fever before the seizure, but develops a temperature of 38.9°C immediately after. The seizure was not recurring within 24 hours, and neurological examination is normal. Which of the following statements about this episode is correct?

- ☐ A This is classified as a complex febrile seizure
- ☐ B Routine EEG is indicated after the first simple febrile seizure
- ☒ C The risk of developing epilepsy is not significantly higher than in the general population
- ☐ D Long-term antiepileptic therapy is indicated

ANSWER C

WHY A simple febrile seizure is generalized, lasts less than 15 minutes, and does not recur within 24 hours. The lifetime risk of epilepsy following a simple febrile seizure is only slightly higher (about 2-4%) than that of the general population (about 1-2%). Routine EEG and long-term anticonvulsants are not recommended after a simple febrile seizure. The seizure described (occurring before the fever spike) is still classified as febrile because the precipitating fever was present.

QUESTION 13

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 14

SINGLE CHOICE

A 2-month-old exclusively breastfed infant has intermittent blood-streaked stools, mild eczema, and regurgitation. The mother has not introduced cow's milk formula. Examination is otherwise normal and the infant is gaining weight appropriately. Which is the most appropriate next step?

- ☐ A Stop breastfeeding and switch to soy-based formula
- ☒ B Continue breastfeeding and eliminate cow's milk, egg, and other dairy from the mother's diet
- ☐ C Start an amino acid-based formula in addition to breastfeeding
- ☐ D Reassure and continue breastfeeding without any dietary change

ANSWER B

WHY In breastfed infants with cow's milk protein allergy (CMPA), cow's milk protein antigens pass through maternal milk and can cause allergic colitis. The recommended management is to continue breastfeeding while the mother removes cow's milk and dairy from her diet (and sometimes egg/soy). Switching to soy is not first-line because of cross-reactivity. Amino acid formula is reserved for severe cases or when symptoms persist despite maternal dietary exclusion. Reassurance alone risks ongoing GI inflammation and anemia.

QUESTION 15

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.