



CPN Pediatric Nurse Prep

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Practice Questions

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1. A 9-month-old infant has a borderline developmental screening result, but the nurse observes significant motor delays. Which action should the nurse take immediately?

- A. Provide home stimulation education
- B. Consult pediatric physical therapy
- C. Schedule a follow-up appointment
- D. Refer to Early Intervention

2. A Medicaid-enrolled child requires a specialist evaluation that the family cannot find locally. Under EPSDT mandates, which action must the nurse take?

- A. Facilitate out-of-network referral
- B. Advise calling the insurance carrier
- C. Suggest waiting for local availability
- D. Recommend emergency department care

3. A 32-month-old child receiving Early Intervention services will turn three years old soon. To prevent service gaps, which transition step is required?

- A. Discharge from all therapy services
- B. Initiate private insurance authorization
- C. Refer to the school district
- D. Extend the current IFSP until kindergarten

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4. A homeless adolescent parent reveals active suicidal ideation during a visit for housing support. Which priority action constitutes an appropriate warm handoff?

- A. Complete the housing application paperwork
- B. Call the shelter intake coordinator
- C. Provide the suicide hotline number
- D. Schedule a social work consultation



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5. A grandmother has legal custody of a 3-year-old and receives SNAP benefits. Which statement accurately describes the child's WIC eligibility status?

- A. Eligible only if child has medical diagnosis
- B. Eligible based on adjunctive criteria
- C. Ineligible because caregiver is not mother
- D. Ineligible due to child's age over one year

6. A student with ADHD requires preferential seating and extra time but is performing at grade level. Which school-based plan is most appropriate?

- A. Specialized academic instruction
- B. Full-time special education placement
- C. Related services therapy referral
- D. Section 504 accommodation plan

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7. A family consents to an Early Intervention evaluation on May 1st. By which timeline must the initial Individualized Family Service Plan be completed?

- A. 45 calendar days
- B. 30 business days
- C. 60 calendar days
- D. 90 business days

8. The nurse refers a child for urgent developmental evaluation. To ensure the referral loop is closed, which follow-up action is required?

- A. Providing the family with contact numbers
- B. Waiting for the specialist's report
- C. Confirming appointment attendance
- D. Documenting the referral in the chart

9. A formula-feeding mother of a 7-month-old infant requests WIC assistance. Which statement correctly identifies the eligibility for this family unit?

- A. Both mother and infant are eligible
- B. Neither is eligible at this time
- C. Mother is eligible for six more months
- D. Eligibility depends on maternal iron levels



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10. A 2-year-old child has a venous blood lead level of 4 µg/dL. Which action should the nurse include in the plan of care?

- A. Admit the child to the hospital for observation
- B. Assess the child's nutrition and home environment
- C. Start oral chelation therapy protocol immediately
- D. Consult toxicology for urgent medical intervention

11. Which child requires the most urgent blood lead screening based on the risk factors presented?

- A. Infant residing in a newly constructed apartment
- B. School-age child with parent working in an office
- C. Child residing in a housing complex built in 1990
- D. Toddler with a sibling treated for lead poisoning

12. A parent asks for immediate steps to reduce lead exposure in the home pending inspection. Which advice is most appropriate?

- A. Wet mop all floors and window sills every week
- B. Dry sweep dust from all hard surface flooring
- C. Vacuum carpets with a standard household machine
- D. Scrape peeling paint from walls to remove hazards

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13. Which clinical scenario warrants escalation to public health for home inspection and case management?

- A. Child resides in a home constructed prior to 1978
- B. Capillary screening indicates a level of 2 µg/dL
- C. Venous blood lead levels rise despite mitigation
- D. Initial capillary screening result is 3.5 µg/dL



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14. A nurse provides nutritional counseling for a child with a blood lead level of 5 µg/dL. Which dietary change should be recommended?

- A. Supplementation with high doses of Vitamin C only
- B. Exclusive consumption of leafy green vegetables
- C. Restriction of dietary fat to under ten percent
- D. Strict limitation of protein intake at every meal

15. A 2-year-old has a confirmed blood lead level of 15 µg/dL and significant language delay. Which referral combination is indicated?

- A. Chelation therapy and diet modifications
- B. Early Intervention and health department
- C. Toxicology consult and hospital admission
- D. Private speech therapy and neurology help

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16. A parent is unsure of the year their home was built during a risk assessment. What is the correct nursing action?

- A. Document age as post-1978
- B. Test if pica is observed
- C. Assess behavioral factors
- D. Perform blood lead screening

17. A refugee family with a 3-year-old child arrives for a first visit. The child lives in post-1978 housing. What is the appropriate action?

- A. Screen for lead exposure
- B. Omit lead level testing
- C. Wait for next well visit
- D. Assess behavioral risks

18. A child has an initial venous blood lead level of 22 µg/dL. According to CDC guidelines, when should the nurse schedule repeat testing?

- A. Start chelation therapy
- B. Repeat test in one week
- C. Schedule within one month
- D. Schedule in three months



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19. A child in a new home has an elevated blood lead level. Which question helps identify the likely source?

- A. Is the child's school built before 1995?
- B. Does the child play with plastic toys?
- C. Are there any pets living in the house?
- D. Do you use glazed pottery for cooking?

20. A family relies on a wood-burning stove for heat, and their child has persistent asthma. Financial constraints prevent replacing the heating system. Which recommendation is most appropriate to mitigate indoor air quality risks?

- A. Apply weather stripping to seal the room with the stove
- B. Use a portable HEPA filter in the child's sleeping area
- C. Keep windows closed strictly during stove operation
- D. Install a central HVAC system to circulate indoor air

21. A family with a 2-month-old infant relies on private well water. The water appears clear and has no odor. Which specific safety recommendation should the nurse provide?

- A. Add chlorine tablets to the well cistern monthly
- B. Install a reverse osmosis system before testing
- C. Restrict water use if turbidity visibly increases
- D. Test the water for nitrates and coliform bacteria

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22. A pediatric nurse identifies a pattern of three unrelated children from the same daycare facility presenting with similar unexplained respiratory symptoms. The facility is located near an industrial zone. Which action is required?

- A. Contact the local public health department to report the cluster
- B. Advise the parents to organize a meeting with the facility director
- C. Treat each child individually and schedule follow-up in one month
- D. Conduct an independent site visit to the daycare to inspect for mold



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23. A parent of an infant admits to smoking cigarettes but states they are currently unable to quit. To minimize the infant's exposure to third-hand smoke, which harm reduction strategy should the nurse recommend?

- A. Use a standalone air purifier in the room where smoking occurs
- B. Restrict smoking to times when the infant is asleep in another room
- C. Wear a designated jacket outside and remove it upon entering
- D. Open windows in the smoking room to ensure cross-ventilation

24. The local Air Quality Index (AQI) is reported as 155 (Unhealthy) due to wildfire smoke. A 10-year-old with asthma has soccer practice scheduled. Which advice is most appropriate?

- A. Administer prophylactic albuterol before playing outside
- B. Wear a surgical mask while participating in practice
- C. Attend practice but limit running to short intervals
- D. Allow participation if the child remains symptom-free

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25. A child with elevated lead levels lives in a rental home with peeling paint. The family has limited financial resources and the landlord is unresponsive. Which immediate, low-cost intervention is most effective for reducing exposure?

- A. Apply fresh paint over peeling areas in all rooms
- B. Perform weekly wet mopping of floors and sills
- C. Hire a contractor for professional paint abatement
- D. Replace wall-to-wall carpeting with vinyl flooring

26. A 6-year-old presents with recurrent respiratory infections and poor asthma control despite medication adherence. History reveals the family lives 100 meters from a major interstate highway. Which environmental factor is the likely trigger?

- A. Primary immunodeficiency affecting B-cell function
- B. Indoor mold growth from structural humidity issues
- C. Seasonal allergic rhinitis unrelated to location
- D. Exposure to traffic-related air pollution nearby



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27. A toddler has a blood lead level of 8 mcg/dL and lives in a home where caregivers smoke inside. Which combination of interventions addresses the highest priority environmental risks?

- A. Refer for lead hazard reduction and advise smoking outside
- B. Initiate chelation therapy and prescribe a nicotine patch
- C. Recommend calcium supplementation and installing air purifiers
- D. Advise increasing iron intake and daily standard vacuuming

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28. During a well-child visit, a parent discloses they have no food at home and received an eviction notice yesterday. The child also requires a referral for speech delay. Which action should the nurse prioritize?

- A. Provide educational materials regarding developmental milestones
- B. Schedule a follow-up appointment to monitor the child's weight
- C. Connect the family with emergency housing and food banks
- D. Complete the referral for the speech-language pathologist

29. A 16-year-old screens positive for moderate depression. To facilitate a successful "warm handoff" to a behavioral health partner, which action should the nurse take?

- A. Provide printed list of local mental health providers and numbers
- B. Instruct parent to call insurance to find an in-network provider
- C. Send referral letter to specialist via electronic medical record
- D. Advise teen to call crisis hotline if symptoms worsen overnight

30. A grandmother raising her 6-year-old grandchild requests food assistance. The household income is below the federal poverty level. Which program is the child most likely eligible for?

- A. Healthy Families America program
- B. SNAP food assistance benefits
- C. WIC nutrition program support
- D. Early Head Start support services



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Answer Key & Explanations

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1. D — Refer to Early Intervention

Clinical concern overrides screening scores. Immediate Early Intervention referral is required for suspected delays to ensure timely evaluation and access to services.

2. A — Facilitate out-of-network referral

EPSDT mandates that states provide necessary diagnostic and treatment services. Nurses must facilitate access, including out-of-network referrals or scheduling assistance, rather than advising passive searching.

3. C — Refer to the school district

Part C services end at age three. Referrals to the local education agency (Part B) must occur at least 90 days prior to ensure continuous support.

4. A — Complete the housing application paperwork

Immediate safety is the priority. A warm handoff for crisis intervention takes precedence over addressing housing or social needs, which can be coordinated after safety is established.

5. B — Eligible based on adjunctive criteria

WIC serves children up to age five. Receipt of SNAP benefits provides adjunctive income eligibility for the household, regardless of the caregiver's relationship to the child.

6. D — Section 504 accommodation plan

A 504 plan provides accommodations for access when specialized instruction is not needed. An IEP is reserved for students requiring specialized education to make progress.

7. A — 45 calendar days

Federal regulations mandate that the evaluation and initial IFSP be completed within 45 calendar days of the referral and consent, not business days.

8. C — Confirming appointment attendance

Closing the loop requires verifying that the appointment was kept. Documentation alone does not ensure the child received the necessary care or that barriers were addressed.

9. A — Both mother and infant are eligible

Postpartum eligibility for non-breastfeeding mothers ends at six months. However, the infant remains eligible for WIC services up to five years of age.

10. B — Assess the child's nutrition and home environment

Levels ≥ 3.5 $\mu\text{g}/\text{dL}$ require nutritional assessment and environmental history to identify lead sources. Chelation starts at ≥ 45 $\mu\text{g}/\text{dL}$. Elevated levels require monitoring, not discharge.

11. D — Toddler with a sibling treated for lead poisoning

A sibling with elevated BLL indicates a shared environmental hazard, requiring immediate screening. Housing age is a risk but less specific than a confirmed household case.



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12. A — Wet mop all floors and window sills every week

Wet mopping traps lead dust, while dry sweeping or vacuuming aerosolizes it. Paint removal requires professional containment to prevent dangerous dust dispersion.

13. C — Venous blood lead levels rise despite mitigation

Rising venous levels despite education indicate ongoing exposure requiring investigation. Capillary screens need venous confirmation. Housing age alone does not trigger management.

14. A — Supplementation with high doses of Vitamin C only

Calcium and iron compete with lead for absorption, reducing uptake. Vitamin C aids iron absorption but is insufficient alone. High fat intake can increase lead absorption.

15. B — Early Intervention and health department

Levels ≥ 5 $\mu\text{g}/\text{dL}$ require environmental case management. Developmental delays necessitate Early Intervention. Inpatient care is for severe toxicity; waiting delays support.

16. D — Perform blood lead screening

Unknown housing age defaults to high risk, requiring screening. Assuming low risk or relying solely on pica presence ignores potential environmental hazards.

17. A — Screen for lead exposure

Refugee/immigrant children are high-risk regardless of current housing due to potential prior exposures or non-housing sources (cookware, traditional remedies). Screening is mandatory upon entry to care.

18. C — Schedule within one month

BLLs of 20-44 $\mu\text{g}/\text{dL}$ require confirmation within one month to track trajectory. Three months is too long; chelation is reserved for levels ≥ 45 $\mu\text{g}/\text{dL}$.

19. A — Is the child's school built before 1995?

Consider non-housing sources like imported goods, occupations, or hobbies. Post-1978 schools and standard plastic toys are unlikely sources; pets are not primary vectors.

20. B — Use a portable HEPA filter in the child's sleeping area

HEPA filters reduce indoor particulates. Sealing rooms increases pollution concentration. Other options are cost-prohibitive or ineffective for this specific scenario.

21. D — Test the water for nitrates and coliform bacteria

Private wells need testing for nitrates and bacteria. Boiling concentrates nitrates; visual clarity does not ensure safety from dissolved contaminants.

22. A — Contact the local public health department to report the cluster

Cluster symptoms near hazards require public health investigation. Individual providers lack authority to investigate facilities or mandate closures.

23. C — Wear a designated jacket outside and remove it upon entering

Third-hand smoke clings to clothing. Smoking outside and removing outer layers prevents indoor contamination. Ventilation and purifiers do not remove surface residue.

24. A — Administer prophylactic albuterol before playing outside

AQI over 150 is unhealthy; asthmatics must avoid outdoor exertion. Surgical masks do not filter fine



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particulates; limiting duration is insufficient.

25. B — Perform weekly wet mopping of floors and sills

Wet cleaning captures lead dust safely. Dry sweeping resuspends hazardous dust, while professional abatement is cost-prohibitive for renters with limited funds.

26. D — Exposure to traffic-related air pollution nearby

Proximity to major roadways exposes children to traffic-related air pollution, a known asthma trigger. Other options imply rare systemic pathologies or indoor allergens not indicated.

27. A — Refer for lead hazard reduction and advise smoking outside

Priorities include removing lead sources and eliminating smoke. Chelation is not indicated for levels <45 mcg/dL. Standard vacuums unsafely resuspend lead dust.

28. C — Connect the family with emergency housing and food banks

Immediate physiological and safety needs (food, shelter) take precedence over developmental referrals. Emergency housing addresses the urgent crisis before long-term goals.

29. A — Provide printed list of local mental health providers and numbers

Warm handoffs involve direct introductions to bridge care gaps and increase engagement. Passive referrals like lists or letters place the burden on the patient.

30. B — SNAP food assistance benefits

SNAP provides food assistance to low-income families without the age restrictions of WIC (ends at age 5) or Early Head Start (ends at age 3).



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