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1. Which of the following statements CORRECTLY reflects the handling of minors' mental health information under applicable privacy laws?

- A. Under FERPA, school nurses can freely share health information of students with external healthcare providers without consent.
- B. HIPAA restricts all parents from accessing minors' medical records, regardless of the situation.
- C. HMHA permits unrestricted use of minors' digital health data in all healthcare decisions without specific protections.
- D. Under state minor consent laws, a 16-year-old can seek mental health counseling without parental consent if state law allows it, ensuring confidentiality of counseling records.

2. A 7-year-old female with severe asthma visits the pediatric clinic for a follow-up. Her father expresses concerns about the potential side effects of the prescribed corticosteroid inhaler and prefers using natural remedies. What is the MOST appropriate first step in management?

- A. Contact child protective services (CPS) due to the father's refusal to follow medication guidelines.
- B. Advise the father to try natural remedies first as an alternative before considering the inhaler.
- C. Listen to the father's concerns and discuss the importance of the inhaler, while exploring his preferences for 'natural' remedies in the context of evidence-based medicine.
- D. Insist on using the inhaler as the only appropriate treatment and dismiss the father's concerns about side effects.

3. You are counseling the parents of a 15-year-old female patient who has been diagnosed with a chronic condition and is now prescribed a new medication. In terms of informed consent, which information is essential to share with the patient and her parents?

- A. The risks and benefits of not taking the medication
- B. The average cost of the medication per dose
- C. The brand alternatives of the medication available
- D. The personal success stories of other patients using the medication

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4. In pediatric primary care, what is the MOST reliable method for validating the reliability of a new treatment's effectiveness?

- A. Peer-reviewed clinical trials
- B. Testimonials from parents
- C. The treatment's popularity in social media
- D. Recommendations from pharmaceutical representatives

5. In a national conference on nursing roles, various aspects of professional titles were discussed. Which of the following statements about using the title "senior pediatric nurse" is accurate across most states in the USA?

- A. It is illegal to use the title without a proper license.
- B. It can be used by any nurse with at least five years of pediatric experience.
- C. The title can be used interchangeably with any nurse working in pediatrics.
- D. It indicates that the nurse has completed a specific continuing education program.

6. A pediatric patient presents with short stature and is suspected to have a genetic syndrome. Which of the following genetic syndromes typically does NOT require specific dietary modifications? Genetic Syndrome Common Symptoms Dietary Modifications Prader-Willi syndrome Obesity, short stature Low-calorie diet Turner syndrome Short stature, webbed neck Balanced diet with calcium Klinefelter syndrome Tall stature, learning difficulties No specific modifications Noonan syndrome Short stature, heart defects Low-sodium diet

- A. Noonan syndrome
- B. Turner syndrome
- C. Klinefelter syndrome
- D. Prader-Willi syndrome

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7. What is the recommended antibiotic for treating Lyme disease in a 6-year-old child presenting with early localized Lyme disease?

- A. Azithromycin (Zithromax, Zmax)
- B. Amoxicillin
- C. Gentamicin (Gentak, Garamycin)
- D. Ceftriaxone (Rocephin)



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8. Which adjustment in fluid management is CORRECT for pediatric patients compared to adult patients? Age Group Percentage of Body Water Infants 75% Adults 60%

- A. Pediatric patients have higher sodium requirements, necessitating decreased fluid intake.
- B. Pediatric patients require higher fluid maintenance rates due to a higher percentage of body water.
- C. Pediatric patients should have lower fluid maintenance rates due to less efficient renal function.
- D. Fluid maintenance rates should be similar as pediatric and adult patients have similar body water composition.

9. A 14-year-old boy diagnosed with irritable bowel syndrome (IBS) reports difficulty passing stools and seeks treatment for constipation. Which medication would be most appropriate to relieve his symptoms without inducing dependency?

- A. Docusate (Colace)
- B. Lactulose (Enulose)
- C. Senna (Senokot)
- D. Bisacodyl (Dulcolax, Correctol)

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10. You suspect your 5-year-old patient has a urinary tract infection caused by multidrug-resistant E. coli. Which of the following antibiotics is MOST appropriate to treat this infection?

- A. Amoxicillin (Amoxil, Moxatag)
- B. Ciprofloxacin (Cipro)
- C. Nitrofurantoin (Macrobid)
- D. Ampicillin (Omnipen, Principen)

11. Which statement is TRUE regarding pharmacokinetic considerations when managing a pediatric patient with epilepsy starting on phenytoin?

- A. Rapid metabolizers often have fewer side effects and do not require dose adjustments.
- B. Phenytoin is not affected by metabolizer status; dosing remains the same for all patients.
- C. Average metabolizers frequently experience severe side effects and always require dose adjustments.
- D. Slow metabolizers may experience more side effects and may need a reduced dose.



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12. Based on recent statistics, what is the MOST common mental health disorder diagnosed in children within primary care settings? Disorder Prevalence Percentage Preventative Strategies ADHD 9.8% Routine screenings; Parent training programs Anxiety disorders 7.1% Stress management techniques; Early intervention programs Depressive disorders 4.4% Encouraging physical activity; Family therapy options

- A. Depressive disorders
- B. Bipolar disorder
- C. ADHD
- D. Anxiety disorders

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13. Which of the following represents the characteristic acid-base disturbance seen in pediatric patients with diabetic ketoacidosis? Condition Electrolyte Imbalance Acid-Base Imbalance Diabetic Ketoacidosis Hyponatremia, Hyperkalemia Metabolic acidosis with elevated anion gap

- A. Mixed respiratory alkalosis with metabolic alkalosis
- B. Metabolic acidosis with elevated anion gap
- C. Metabolic alkalosis with low anion gap
- D. Respiratory acidosis with normal anion gap

14. In the management of an acute asthma exacerbation in children, which of the following interventions is typically NOT required?

- A. Bronchodilator therapy
- B. Corticosteroid therapy
- C. Oxygen therapy
- D. Bed rest

15. A 10-year-old male presents in a primary care setting with symptoms of acute sinusitis, including facial pain, nasal discharge, and fever lasting more than 3 days. Which is the MOST appropriate antibiotic regimen to prescribe?

- A. Clarithromycin (Biaxin) 7.5 mg/kg twice a day for 7 days
- B. Oseltamivir (Tamiflu)
- C. Amoxicillin (Amoxil, Wymox) 25 mg/kg twice a day for 10 days
- D. Azithromycin (Zithromax, Zmax) 10 mg/kg once a day for 3 days

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16. In a school health clinic, a team of healthcare providers, including pediatric nurse practitioners, manages the asthma care program for students. Which of the following statements about collaborative practice in this setting is CORRECT?

- A. Roles and responsibilities of each team member do not need to be clearly defined in a school setting
- B. The leader of the team is always the member with the highest level of specialized training
- C. Each member of the team should operate independently in their area of expertise
- D. Accountability for managing asthma care is shared among team members

17. A 5-year-old child presents with symptoms of jaundice and was diagnosed with autoimmune hemolytic anemia. This condition is an example of which type of hypersensitivity reaction?

- A. Type I
- B. Type III
- C. Type IV
- D. Type II

18. A 17-year-old male presents to the clinic with a 3-day history of burning sensation during urination and penile discharge. He reports having new sexual partners in the past month and inconsistent condom use. He denies fever or abdominal pain. Which of the following diagnostic studies is MOST likely to yield the correct diagnosis?

- A. Nucleic acid amplification test (NAAT) for gonorrhea and chlamydia
- B. Complete blood count (CBC)
- C. Urine analysis for kidney stones
- D. Abdominal ultrasound

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19. A 6-year-old child is brought to your clinic with a history of prolonged nosebleeds and easy bruising. No recent illnesses, medications, or significant injuries are reported. The child's mother mentions that a similar condition runs in the family. You order clotting factor assays to investigate further. Given these symptoms and familial history, the MOST likely diagnosis is:

- A. Idiopathic Thrombocytopenic Purpura (ITP)
- B. Hemophilia A
- C. Hemophilia B
- D. von Willebrand's disease



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20. Which of the following conditions is characterized by an autosomal recessive pattern of inheritance? Condition Inheritance Pattern Cystic Fibrosis Autosomal Recessive Huntington's Disease Autosomal Dominant Sickle Cell Anemia Autosomal Recessive Hemophilia X-linked Recessive

- A. Autosomal Dominant
- B. X-linked Recessive
- C. Mitochondrial
- D. Autosomal Recessive

21. In a rural community, a family brings their 6-year-old son to a local clinic after multiple asthma attacks over the past month. The family explains that they lacked transportation to visit a medical facility sooner. After a detailed health evaluation, the provider determines the child's condition has worsened due to delayed treatment. The MOST likely systemic factor contributing to the delay in seeking healthcare is:

- A. Poverty
- B. Cultural beliefs
- C. Family neglect
- D. Language barriers

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22. A pediatric patient presents with a rare genetic skin disorder. Genetic testing reveals that different tissues have varying ratios of normal and abnormal cells. Based on the analysis presented, determine which condition the patient likely has.

- A. Mitochondrial disorder
- B. Mosaicism
- C. Monogenetic disorder
- D. Multifactorial disorder

23. During a prenatal ultrasound, which skeletal abnormality is MOST commonly identified due to its prevalence during fetal development?

- A. Clubfoot (talipes equinovarus)
- B. Spina bifida
- C. Gastroschisis
- D. Cleft palate



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24. The initial sign of female puberty is:

- A. Rapid growth in height
- B. Breast development
- C. Onset of menstruation
- D. Growth of pubic hair

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25. A newborn is delivered at 32 weeks' gestation via cesarean section. Shortly after birth, the baby presents with labored breathing and decreased lung compliance. Which condition is MOST likely responsible for these symptoms?

- A. Bronchopulmonary dysplasia (BPD)
- B. Respiratory syncytial virus (RSV)
- C. Neonatal respiratory distress syndrome (NRDS)
- D. Transient tachypnea of the newborn (TTN)

26. At what age is it recommended that children receive their first annual influenza vaccine according to the standard pediatric vaccination schedule?

- A. 1 year
- B. 3 months
- C. 9 months
- D. 6 months

27. A 12-month-old toddler is typically able to:

- A. Use scissors to cut paper
- B. Balance on one foot for a few seconds
- C. Take a few steps without support
- D. Say simple sentences

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28. Which of the following is the MOST common trigger of asthma in children? Asthma Trigger Prevalence in Children Pollen 25% Dust Mites 35% Pet Dander 20% Mold Spores 15%

- A. Pollen
- B. Pet Dander
- C. Mold Spores
- D. Dust Mites

29. Review the following scenarios involving pediatric nutrition and lifestyle behavioral changes. Identify the behavioral model that focuses on understanding and addressing health-risk behaviors rather than promotion in each case. Scenario Model A 12-year-old child is advised to reduce sugar intake. The child understands that limiting sugar can prevent obesity-related diseases. Model A A family is encouraged to promote physical activities among their kids to improve overall family health and bonding. Model B A teen is in the awareness stage of a smoking cessation program and wants to adopt healthier coping mechanisms. Model C A mother is concerned about her toddler's eating patterns and wants to ensure a balanced diet to prevent iron deficiency anemia. Model D

- A. Model C
- B. Model D
- C. Model A
- D. Model B

30. A 6-year-old patient with sickle cell disease is at a higher risk for certain infections. The child has completed all routine vaccinations up to this age. Which of the following vaccines should the child receive to further reduce the risk of bacterial infections?

- A. MMR booster (2nd dose)
- B. DTaP (5th dose)
- C. Meningococcal conjugate
- D. Varicella booster (2nd dose)



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Answer Key & Explanations

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1. D — Under state minor consent laws, a 16-year-old can seek mental health counseling without parental consent if state law allows it, ensuring confidentiality of counseling records.

State minor consent laws may grant minors the autonomy to seek certain medical care, including mental health services, without parental consent, depending on the state. This ensures that counseling records remain confidential if the law provides for such privacy. FERPA, on the other hand, generally requires parental consent for sharing educational records, including health information. HIPAA typically allows parental access to minors' medical records, though exceptions occur under specific circumstances. HMHA, akin to HIPAA, provides protections for digital health data, especially for minors.

2. C — Listen to the father's concerns and discuss the importance of the inhaler, while exploring his preferences for 'natural' remedies in the context of evidence-based medicine.

Answer: Listen to the father's concerns and discuss the importance of the inhaler, while exploring his preferences for 'natural' remedies in the context of evidence-based medicine. This situation requires applying principles of cultural competence by showing respect for the father's views while providing clear medical advice. Encouraging open communication allows for building trust and potentially reframing his understanding of the situation. Immediate actions that neglect the parent's autonomy, such as contacting CPS or dismissing the father's views, are premature and may not be justified without further attempts at communication.

3. A — The risks and benefits of not taking the medication

Answer: The risks and benefits of not taking the medication. Informed consent for medication should include explanations of the medication, potential side effects, and the prognosis if the medication is not taken, enabling the patient and family to weigh the options.

4. A — Peer-reviewed clinical trials

Peer-reviewed clinical trials are considered the gold standard for validating the effectiveness of a treatment. They involve rigorous methodologies and provide scientific evidence that is evaluated by experts in the field. Other options, such as testimonials or popularity, do not offer the same level of evidence.

5. A — It is illegal to use the title without a proper license.

Answer: It is illegal to use the title without a proper license. Nursing titles such as "senior pediatric nurse" are typically regulated by state laws, and using such titles without a relevant license can mislead the public and violate legal requirements. Licensure ensures that individuals have met specific qualifications and standards. Titles are protected under these laws to maintain professional integrity and public trust.

6. C — Klinefelter syndrome

The correct answer is Klinefelter syndrome. It is characterized by tall stature and learning difficulties, but typically does not require any special dietary modifications. In contrast, Prader-Willi syndrome, Noonan syndrome, and Turner syndrome have dietary recommendations to manage their associated symptoms.

7. B — Amoxicillin

Amoxicillin is the recommended antibiotic for treating early localized Lyme disease in children under 8 years



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old due to its safety and efficacy. Doxycycline is another option for children older than 8 years, but is avoided in younger children due to potential tooth discoloration. Gentamicin is not used for Lyme disease, ceftriaxone is reserved for more severe, disseminated cases, and azithromycin is less effective than amoxicillin for Lyme disease in early stages.

8. B — Pediatric patients require higher fluid maintenance rates due to a higher percentage of body water.

Pediatric patients generally have a higher percentage of body water, about 75% compared to 60% in adults. Higher fluid maintenance rates are needed to support metabolism and hydration in children.

9. A — Docusate (Colace)

Answer: Docusate (Colace) In cases of IBS with constipation, a stool softener such as docusate is recommended to prevent hard stools and reduce strain during bowel movements, minimizing the risk of dependency associated with stimulant laxatives like senna or bisacodyl. Lactulose can be used for constipation but might cause bloating, which can worsen IBS symptoms.

10. B — Ciprofloxacin (Cipro)

Ciprofloxacin is often used to treat urinary tract infections caused by multidrug-resistant bacteria, particularly when they are resistant to other first-line treatments such as ampicillin and nitrofurantoin. While nitrofurantoin is a common choice for uncomplicated UTIs, it might not be effective against resistant strains in severe cases. Ampicillin and amoxicillin have limited effectiveness against resistant *E. coli* due to widespread resistance.

11. D — Slow metabolizers may experience more side effects and may need a reduced dose.

Phenytoin is metabolized in the liver and its clearance can vary greatly among patients. Slow metabolizers may experience higher drug concentrations leading to more side effects such as dizziness and ataxia, thus they may require a reduced dose to prevent toxicity.

12. C — ADHD

Answer: ADHD ADHD, or Attention-Deficit/Hyperactivity Disorder, is the most common mental health disorder diagnosed in children within primary care settings with a prevalence of 9.8%. It requires routine screenings and parent training programs as preventative strategies. While anxiety and depressive disorders are also common, they have lower prevalence percentages compared to ADHD.

13. B — Metabolic acidosis with elevated anion gap

Answer: Metabolic acidosis with elevated anion gap Diabetic ketoacidosis is typically characterized by a high anion gap metabolic acidosis. This occurs due to the accumulation of ketones in the blood, which increases the anion gap and leads to acidosis. Management of DKA involves fluid resuscitation, insulin therapy, and careful monitoring of electrolytes, particularly potassium. The elevated anion gap usually resolves with treatment as the underlying ketosis is corrected.

14. D — Bed rest

Answer: Bed rest Management of acute asthma exacerbations typically includes: 1. Bronchodilator therapy for wheezing relief, often with albuterol. 2. Corticosteroid therapy to reduce inflammation, such as oral prednisolone. 3. Oxygen therapy if the child is hypoxic to maintain adequate oxygen saturation levels. Environmental trigger identification is important to prevent future episodes, but bed rest is not generally indicated unless the child is exhausted and requires rest.



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15. C — Amoxicillin (Amoxil, Wymox) 25 mg/kg twice a day for 10 days

The correct answer is Amoxicillin administered at 25 mg/kg twice a day for 10 days. Amoxicillin is the first-line treatment for acute bacterial sinusitis in children, based on the common pathogen *Streptococcus pneumoniae*. Azithromycin is not the first choice for sinusitis due to concerns over antibiotic resistance. Clarithromycin is an alternative but not preferred due to similar concerns, and Oseltamivir is an antiviral not used for sinusitis.

16. D — Accountability for managing asthma care is shared among team members

Answer: Accountability for managing asthma care is shared among team members. In a collaborative setting like a school health clinic, accountability for student health management, such as asthma care, should be shared among all team members. It is important for roles and responsibilities to be clearly defined to ensure effective collaboration and to learn from each other's expertise. Leadership does not solely depend on having the highest level of specialized training, and autonomy is not ideal as members should work together, enhancing the care provided.

17. D — Type II

Answer: Type II Autoimmune hemolytic anemia is a result of Type II hypersensitivity reactions, where IgM and IgG antibodies target and destroy red blood cells, leading to symptoms such as jaundice. Type I involves immediate allergic reactions like anaphylaxis. Type III reactions involve immune complexes, such as in serum sickness. Type IV reactions are delayed and cell-mediated, such as in tuberculosis skin testing.

18. A — Nucleic acid amplification test (NAAT) for gonorrhea and chlamydia

The symptoms and recent sexual history suggest a sexually transmitted infection, likely gonorrhea or chlamydia. NAAT is the recommended test due to its high sensitivity and specificity for these infections. CBC can indicate infection but will not diagnose the specific STI. Urine analysis for kidney stones is not relevant since the symptoms are consistent with an STI rather than urological issues. An abdominal ultrasound would not be helpful without abdominal symptoms.

19. B — Hemophilia A

Answer: Hemophilia A Hemophilia A is an inherited bleeding disorder characterized by a deficiency in clotting factor VIII, leading to prolonged bleeding episodes. The significant family history supports this diagnosis, as hemophilia is genetically inherited. Unlike ITP, which presents abruptly after a viral infection, and von Willebrand's disease, which also includes mucosal bleeding like nosebleeds but differs in platelet adhesion dysfunction, Hemophilia is a lifelong condition stemming from specific clotting factor deficiencies.

20. D — Autosomal Recessive

Answer: Autosomal Recessive Autosomal recessive disorders occur when two copies of an abnormal gene are present. Cystic fibrosis and sickle cell anemia are examples of autosomal recessive disorders. Huntington's disease is autosomal dominant, hemophilia is X-linked recessive, and mitochondrial disorders involve mutations in nonchromosomal DNA.

21. A — Poverty

Answer: Poverty In rural areas, poverty is a significant determinant of healthcare access. Limited financial resources restrict transportation options and healthcare visits, particularly in non-urban settings. While cultural beliefs and language barriers may impact healthcare accessibility, poverty predominantly affects the ability to obtain timely medical intervention.



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22. B — Mosaicism

Answer: Mosaicism Mosaicism occurs when a person has two or more genetically different cell lines in their body. The genetic test showed different percentages of abnormal cells in various tissues, a characteristic feature of mosaicism. Monogenetic disorders affect a single gene and involve uniform cell populations. Multifactorial disorders arise from a combination of genetics and environment, and mitochondrial disorders involve energy-producing structures in cells.

23. A — Clubfoot (talipes equinovarus)

Answer: Clubfoot (talipes equinovarus) Clubfoot is one of the most common congenital skeletal abnormalities and is often detectable during pregnancy through ultrasound imaging. It involves a deformity where the foot is twisted out of shape or position, commonly presenting as talipes equinovarus. Clubfoot occurs in approximately 1 in every 1,000 live births and is detected in the second trimester through a routine ultrasound, primarily due to the characteristic foot positioning.

24. B — Breast development

The initial sign of puberty in females is breast development, typically beginning around 10 years old. The onset of menstruation, growth of pubic hair, and rapid height growth are also significant changes during puberty but occur after breast development. Just as with males, awareness of the sequence of these developments is important when assessing the progression of puberty in females.

25. C — Neonatal respiratory distress syndrome (NRDS)

Neonatal respiratory distress syndrome (NRDS) is common in preterm infants due to insufficient surfactant production. The clinical presentation includes labored breathing and decreased lung compliance shortly after birth.

26. D — 6 months

Answer: 6 months The influenza vaccine is recommended annually for everyone 6 months and older, with the first dose being particularly important as it helps develop immunity in the youngest children. This recommendation applies regardless of the varying effectiveness rates of vaccines in different years.

27. C — Take a few steps without support

At 12 months, toddlers can usually take a few steps without support, which marks the beginning of independent walking. Saying simple sentences is expected around 18-24 months. Using scissors typically develops around 3-4 years old, and balancing on one foot usually appears at about 3 years.

28. D — Dust Mites

Answer: Dust Mites Dust mites are a common indoor allergen and are the leading cause of asthma exacerbations in children. While other options like pollen and pet dander are also common, dust mites have the highest prevalence in triggering asthma.

29. C — Model A

Model A reflects a scenario where a child understands that reducing sugar intake can prevent obesity-related diseases. This aligns with the health belief model, which is focused on preventing specific diseases or conditions through understanding perceived risks and benefits. Model B is an example of promoting overall health for family bonding, not specifically avoiding negative health outcomes, which aligns more with the health promotion model. Model C involves a teen in the awareness stage, which could fit within the transtheoretical model focusing on stages of change. Model D is about ensuring a balanced diet to prevent deficiencies, which is more specific to health management rather than a disease prevention model alone.



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30. C — Meningococcal conjugate

Answer: Meningococcal conjugate Children with sickle cell disease are at increased risk of infections with certain bacteria, including *Neisseria meningitidis*, due to impaired splenic function. As such, the meningococcal conjugate vaccine is recommended earlier to provide protection against meningococcal infections. Other routine vaccinations, like Varicella, MMR, and DTaP, would typically be completed at this age according to the regular immunization schedule.



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