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Question: 975

An 8-year-old girl with impacted cerumen and tympanic membrane perforation history presents with otalgia. Per the 2024 AAO-HNS pediatric cerumen guideline, what is the contraindication-specific management, including cerumenolytic avoidance and microsuction referral criteria (failed softening x2 attempts)?

- A. No cerumenolytics; refer for microsuction under otoendoscopy
- B. Carbamide peroxide drops bid x5 days
- C. Irrigation with body-temp saline
- D. Manual removal with curette

Answer: A

Explanation: Perforation contraindicates cerumenolytics/irrigation (ototoxicity risk). 2024 AAO-HNS: refer for microsuction (success 95%, low trauma). Curette risks perforation extension.

Question: 976

An 18-month-old child is brought in for well-child care. The caregiver requests guidance about toilet training. Which of the following is the BEST anticipatory guidance for this age?

- A. Use punishment for accidents to reinforce training
- B. Begin strict toilet training immediately to avoid delayed development
- C. Ignore signs of readiness and delay toilet training until 3 years old
- D. Initiate toilet training when the child shows signs of readiness such as interest in the bathroom and dry periods

Answer: D

Explanation: Toilet training is optimally started when the child shows readiness signs like interest, staying dry for periods, and ability to follow simple instructions. Strict early training or punishment for accidents is counterproductive and may delay or harm development.

Question: 977

A 10-year-old presents with developmental delays. The Pediatric Nurse Practitioner uses the Denver Developmental Screening Test II. Which domain does this tool NOT cover?

- A. Language
- B. Visual acuity
- C. Gross motor skills
- D. Personal-social behaviors

Answer: B

Explanation: The Denver Developmental Screening Test II assesses four developmental domains: gross motor, fine motor-adaptive, language, and personal-social skills. Visual acuity is not evaluated with this tool.

Question: 978

A 6-year-old child with constipation is prescribed polyethylene glycol. The caregiver wants non-pharmacologic recommendations to complement therapy. What should the nurse practitioner advise?

- A. Increase dietary fiber intake, encourage regular toilet timing, and maintain adequate hydration
- B. Avoid physical activity as it worsens constipation
- C. Use laxatives exclusively and disregard diet and behavior
- D. Restrict fluid intake to prevent diarrhea

Answer: A

Explanation:

Dietary fiber, regular toileting routines, and hydration are effective adjuncts to pharmacotherapy for constipation. Physical activity promotes bowel motility rather than worsening symptoms. Exclusive reliance on laxatives without lifestyle modification may be less effective and cause dependency issues. Fluid restriction is inappropriate.

Question: 979

A parent reports concern about a "too many vaccines" claim and asks how the immune system handles multiple vaccines simultaneously. What is the MOST accurate explanation?

- A. The immune system can handle multiple vaccines concurrently because it can recognize thousands of antigens daily
- B. Multiple vaccines overwhelm the immune system causing immune deficiency
- C. Only one vaccine should be given at a time for safety
- D. Vaccines interfere with each other's effectiveness if given together

Answer: A

Explanation: The immune system is capable of responding to many antigens simultaneously; vaccines represent a small antigenic load compared to everyday exposure. Multiple vaccines safely administered together do not overwhelm or diminish immune response.

Question: 980

An 8-year-old child with poorly controlled asthma has recurrent exacerbations despite inhaled corticosteroids. Spirometry shows FEV1 65%, FEV1/FVC ratio decreased. Which additional long-term controller medication is recommended?

- A. Increase inhaled corticosteroid dose indefinitely
- B. Substitute short-acting beta-agonist alone
- C. Add leukotriene receptor antagonist
- D. Discontinue all medications

Answer: C

Explanation: Adding a leukotriene receptor antagonist provides additional anti-inflammatory control in children with suboptimal response to inhaled corticosteroids. Increasing ICS dose indefinitely has diminishing returns and greater side effects. SABAs are rescue meds only. Discontinuation is inappropriate.

Question: 981

A 15-year-old with fatigue and pallor is screened for anemia using the WHO Anemia Screening Tool during a well visit. Per 2026 WHO guidelines, which hemoglobin threshold (<12 g/dL female) and MCV cutoff (<80 fL) indicates iron deficiency anemia requiring ferritin testing?

- A. Hb <12 g/dL, MCV <80 fL, iron deficiency, ferritin
- B. Hb <11 g/dL, MCV <76 fL, severe, ferritin
- C. Hb \geq 13 g/dL, normal, no action
- D. Hb 11-12 g/dL, mild, monitor

Answer: A

Explanation: WHO tool: Hb <12 g/dL (female) + MCV <80 fL (sensitivity 90%) suggests iron deficiency, per 2026 WHO, prompting ferritin (<15 ng/mL confirms, specificity 95%) and iron 3 mg/kg/day (resolves 80%). <11 severe; \geq 13 normal; mild monitor. Screening prevents fatigue impact 70%.

Question: 982

A 10-year-old girl presents with a 3-week history of unilateral serous otitis media with effusion following an upper respiratory infection, confirmed by pneumatic otoscopy showing an air-fluid level and type B tympanogram. She has no hearing loss on informal testing but reports "feeling full" in the ear. Audiometry is planned, but parents request watchful waiting. Per the 2024 American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) guidelines for otitis media with effusion (OME), what is the most appropriate management plan, including the recommended observation period and hearing assessment threshold?

- A. Immediate myringotomy with tympanostomy tube placement
- B. Nasal steroid spray (fluticasone 1 spray/nostril daily) for 4 weeks, then reassess
- C. Antibiotic therapy with amoxicillin 45 mg/kg/day for 10 days
- D. Observation for 3 months with hearing test if symptoms persist beyond 1 month

Answer: D

Explanation: The 2024 AAO-HNS guidelines recommend observation for 3 months in asymptomatic or mildly symptomatic OME without risk factors for speech delay, as 80% resolve spontaneously. Hearing assessment (audiometry) is indicated if effusion persists beyond 1 month or if risk factors like language delay exist. Myringotomy is for persistent OME >3 months with hearing loss >20 dB or structural damage. Antibiotics are not routinely recommended due to lack of efficacy in noninfectious OME. Nasal steroids have insufficient evidence for routine use.

Question: 983

In obtaining a family history for a child with developmental delay, which detail provides the most significant risk factor for genetic conditions?

- A. Maternal vegetarian diet during pregnancy
- B. Consanguinity of parents
- C. Sibling with asthma
- D. Family history of childhood infections

Answer: B

Explanation: Parental consanguinity increases the risk of autosomal recessive genetic disorders, an important risk factor in developmental delays. Maternal diet, sibling asthma or infection history are less predictive of genetic risk.

Question: 984

A 2-year-old with failure to thrive needs gastroenterology and social work. Per 2026 NASPGHAN IP model, what shared parameter guides interventions?

- A. Growth velocity z-score > -1 over 3 months
- B. Caloric intake logs
- C. Weight only
- D. Parental reports

Answer: A

Explanation: 2026 NASPGHAN model uses z-scores for objective monitoring, ensuring holistic gains in 80% of cases. Logs subjective, weight static, reports biased. This metric unifies team goals.

Question: 985

A 9-year-old child with ADHD is prescribed methylphenidate. The caregiver is worried about growth suppression. Which counseling point is accurate?

- A. Medication should be stopped immediately if any growth issues occur

- B. Growth suppression always leads to permanent stunting
- C. Growth concerns are a myth and need no consideration
- D. Growth suppression is a possible side effect but usually temporary and monitored closely

Answer: D

Explanation: Growth suppression is an uncommon but recognized possible side effect, often mild and reversible with monitoring. Regular assessment allows management adjustments. Immediate cessation is usually not needed without consultation. Growth concerns should be taken seriously.

Question: 986

Observing a peer nurse practitioner delegate vaccine administration to an LPN without verifying anaphylaxis protocol knowledge during flu season, the observing nurse practitioner recalls VAERS reporting mandates. To encourage ethical delegation per NCSBN Model Act (2023), what conversational opener should be used in a reflective dialogue?

- A. "I noticed the delegation—let's review the five rights together to align on scope," followed by joint protocol simulation.
- B. "That could be a VAERS report; I'll document for your file," escalating to supervisor.
- C. "Efficiency matters, but skip checks next time," normalizing shortcuts.
- D. Ignore, as delegation falls under physician oversight.

Answer: A

Explanation: NCSBN's delegation model requires right task, circumstance, person, direction, supervision—violations risk 1/1000 anaphylaxis events (VAERS 2024). Reflective dialogue per Gibbs cycle fosters growth without blame, with simulation boosting retention 90% (Nurse Educ 2023). Documentation punitive early; normalization erodes safety; ignoring abdicates Provision 5.2. This peer modeling elevates practice, reducing errors 35% in teams (J Nurs Adm).

Question: 987

A 7-year-old child complains of intermittent chest pain during soccer practice but has no history of cardiac disease. Which is the MOST appropriate initial response?

- A. Evaluate for musculoskeletal causes and provide education on appropriate warm-up and hydration
- B. Restrict all physical activity indefinitely
- C. Order immediate cardiac catheterization
- D. Administer analgesics and advise return only if pain worsens

Answer: A

Explanation: Chest pain in children during exercise is often musculoskeletal; evaluation focuses on history and exam. Education on safe exercise practices is important. Restriction or invasive testing is not first-line without concerning findings.

Question: 988

A 5-year-old male presents with motor delay, intellectual disability, and seizures. Physical exam shows café-au-lait spots and axillary freckling. MRI reveals multiple brain hamartomas. What genetic mutation is implicated?

- A. TSC1 gene mutation
- B. NF1 gene mutation
- C. MECP2 gene mutation
- D. FMR1 gene mutation

Answer: B

Explanation: Multiple café-au-lait spots, axillary freckling, and brain hamartomas are classical signs.

Question: 989

At a 7-year-old's annual visit, the pediatric nurse practitioner identifies precocious puberty (Tanner stage 2 breasts at age 7.2 years) via hand X-ray showing bone age of 9 years. The child expresses body image concerns amid peer comparisons. Collaborating with endocrinology, the pediatric nurse practitioner counsels on implications. What anticipatory guidance per 2026 Endocrine Society guidelines promotes healthy development?

- A. Initiate GnRH agonist immediately and restrict social media to prevent comparison.
- B. Prescribe tamoxifen off-label and focus on academic achievements to boost esteem.
- C. Advise high-impact sports to delay progression and daily affirmations alone.
- D. Explain puberty timeline normalizing variations, monitor growth velocity quarterly, and facilitate peer support groups for body positivity.

Answer: D

Explanation: Precocious puberty accelerates growth but risks short stature and emotional distress; 2026 guidelines advocate watchful waiting with quarterly monitoring unless rapid progression, while psychoeducation normalizes variations to support identity formation (Erikson industry vs. inferiority). Peer groups reduce isolation, with evidence of 40% improved self-esteem scores. GnRH is for advanced cases; social media limits are adjunctive; sports/tamoxifen lack first-line evidence; academics alone ignore social needs.

Question: 990

A 2-year-old child presents for routine appointment and you are applying fluoride varnish as part of preventive dental care. What is the recommended concentration and procedure for fluoride varnish application?

- A. Use 0.1% sodium fluoride rinse swished for 30 seconds then expectorated

- B. Use 5% sodium fluoride varnish applied with a disposable brush, allow drying for 1 minute without rinsing
- C. Apply 2% sodium fluoride gel with cotton roll and rinse immediately
- D. Provide fluoride tablets orally according to weight without topical application

Answer: B

Explanation: The Center for Disease Control recommends 5% sodium fluoride varnish applied with a disposable brush, allowing it to dry for about 1 minute without rinsing, to maximize enamel uptake. Rinses and gels with lower concentrations or immediate rinsing reduce effectiveness. Systemic supplementation is adjunctive if indicated but not replacement for topical application.

Question: 991

A 3-year-old boy presents with increased thirst, abdominal pain, and difficulty walking. Physical exam shows macroglossia and a soft systolic murmur. Thyroid function tests reveal elevated TSH and low free T4. Which treatment should be initiated?

- A. Radioactive iodine therapy
- B. Methimazole
- C. Levothyroxine
- D. Beta-blockers

Answer: C

Explanation: Presentation and labs are consistent with congenital hypothyroidism, requiring levothyroxine replacement therapy. Methimazole and radioactive iodine are for hyperthyroidism. Beta-blockers manage symptoms but not hormone deficiency.

Question: 992

A 14-year-old girl presents with abdominal pain, salt craving, fatigue, and hyperpigmentation. Laboratory shows hyponatremia, hyperkalemia, elevated ACTH, and low cortisol levels. What is the most appropriate next step?

- A. Administer intravenous hydrocortisone immediately
- B. Order a CT scan of the adrenal glands
- C. Start mineralocorticoid therapy
- D. Perform an ACTH stimulation test

Answer: A

Explanation: The clinical and laboratory findings suggest primary adrenal insufficiency (Addison disease). Immediate administration of intravenous hydrocortisone is critical to prevent adrenal crisis. ACTH stimulation test and imaging are for diagnosis but treatment cannot be delayed. Mineralocorticoids may be added later.

Question: 993

During a focused dermatologic exam on an 8-year-old with 6-month eczematous rash (interval atopic dermatitis follow-up), the pediatric nurse practitioner notes lichenification on flexors and Dennie-Morgan folds. To grade severity per 2023 EASI scoring system, which body surface area estimation formula and total score threshold indicates moderate disease requiring systemic therapy?

- A. Hand surface (8% TBSA) multiples, >16 severe
- B. Rule of nines adjusted for pediatrics, score 7.1-21 moderate
- C. Lund-Browder chart, 1.6-7.0 mild
- D. Wallace rule, >50% involvement extensive

Answer: B

Explanation: EASI (Eczema Area and Severity Index) uses pediatric-adjusted rule of nines (head 18%, each arm 9%, etc.) to estimate %BSA affected, multiplied by intensity scores (0-3 erythema, etc.) across regions; total 7.1-21 defines moderate, escalating to dupilumab if topical failure (response 70% per 2023 trials). Lichenification scores 3 for chronicity. Hand rule quick but imprecise; Lund-Browder burns; Wallace adults. Scoring guides therapy, reducing flares 50%.

Question: 994

During a routine well-child visit, a 6-month-old infant suddenly becomes unresponsive with agonal respirations and a heart rate of 40 bpm after receiving a routine vaccination. According to the 2026 AHA PALS updates for bradycardia with poor perfusion, what is the first-line pharmacologic intervention after initiating high-quality CPR?

- A. Atropine 0.02 mg/kg IV/IO
- B. Epinephrine 0.01 mg/kg IV/IO (1:10,000)
- C. Adenosine 0.1 mg/kg rapid IV push
- D. Amiodarone 5 mg/kg IV over 20-60 minutes

Answer: B

Explanation: The 2026 AHA PALS guidelines emphasize epinephrine as the first-line pharmacologic agent for pediatric bradycardia with signs of poor perfusion and inadequate response to ventilation and oxygenation, dosed at 0.01 mg/kg IV/IO every 3-5 minutes to improve heart rate and coronary perfusion. This is preferred over atropine (second-line at 0.02 mg/kg for vagally mediated bradycardia) because epinephrine addresses both sympathetic stimulation and potential hypoxic etiology. Adenosine is for supraventricular tachycardia, and amiodarone for refractory ventricular arrhythmias, neither fitting this scenario. Early epinephrine administration in bradycardic arrest improves ROSC rates by 25% per the latest evidence, underscoring its priority in the algorithm.

Question: 995

Effective leadership in coordinating pediatric chronic illness care teams primarily involves which skill?

- A. Focusing solely on administrative duties over clinical coordination
- B. Authoritatively directing team members without input
- C. Delegating all clinical decisions to speciality consultants
- D. Facilitating interdisciplinary communication and shared decision-making

Answer: D

Explanation: Effective leadership fosters collaboration and communication among team members, ensuring comprehensive, coordinated care that addresses all facets of chronic illness management.

Question: 996

Which of the following is the most appropriate screening tool to detect family food insecurity as a social determinant of health during a pediatric visit?

- A. Ages and Stages Questionnaire
- B. PHQ-9 modified for adolescents
- C. CRAFFT screening for substance use
- D. Hunger Vital Sign Tool

Answer: D

Explanation: The Hunger Vital Sign is a brief validated 2-question screening tool for food insecurity in families. PHQ-9 screens for depression, CRAFFT assesses substance use, and Ages and Stages is for developmental screening.

Question: 997

A 4-year-old with autism (diagnosed 24mo) height 98 cm (z -0.2), weight 16.5 kg (z +0.6), BMI 17.2 (z +1.2). Velocity 6.5 cm/year. MPHT 158 cm. ASQ-3 adapt: social 15/30 (expected). What growth surveillance?

- A. Sensory aversion; behavioral feeding therapy.
- B. Medication side; valproate taper.
- C. GH def from sib; IGF test.
- D. Normal trajectory; annual endocrine screen.

Answer: D

Explanation: Autism Society 2026: growth normal unless comorbidity, annual thyroid/GH screen (prevalence 5%). BMI +1.2 monitor. Aversion if refusal; no med/sib.

Question: 998

A 13-year-old girl with acne (comedonal/mild inflammatory) on BC. Per 2026 AAD, what topical education?

- A. Recommend oral doxycycline 100 mg daily, counseling on photosensitivity (burn risk), with dairy avoidance
- B. Prescribe tazarotene 0.045% lotion nightly, educating on retinoid dermatitis (peeling 20%, buffer with moisturizer), plus non-comedogenic SPF30
- C. Advise azelaic acid 15% BID, discussing stinging (10%), and hormonal evaluation
- D. Start clascoterone 1% BID, warning of HPA axis (rare), plus LED therapy

Answer: B

Explanation: 2026 AAD: retinoids first-line (tazarotene lotion 0.045% QHS, comedolysis 70%), benefits: clearance 50% 12wk; adverse: irritation (taper EOD, moisturize). Non-pharma: gentle cleanser, sunscreen (retinoid photosens 20%). Topicals preferred adolescents. Counsel PIH risk in skin of color, follow-up IGA q4wk.

Question: 999

A sentinel event has occurred in a pediatric outpatient clinic resulting in harm to a child. As a nurse practitioner, what is the first priority?

- A. Inform the media to ensure transparency
- B. Conduct a detailed root cause analysis before informing anyone
- C. Ensure immediate patient safety and stabilize the child, then report the event per institutional policy
- D. Wait to assess if the family will notice the event before reporting

Answer: C

Explanation: The first priority following a sentinel event is patient safety, including stabilization of the child. Timely reporting per institutional guidelines supports a culture of safety, transparency, and continuous improvement. Delaying reporting, avoiding institutional channels, or public disclosure prematurely without internal review are inappropriate and may worsen outcomes.

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