WATHIM

GCC exam prep

PRACTICE PACK

DHA | Qatar DHP | Oman OMSB

Pediatrics Exam Practice

Sample paper

The first 5 questions of Paper 1 with the answer sheet, key and every answer explained, after the guide that opens the full pack.

2026 edition · 650 questions · 3 papers

650	3	60 · 72m	70%
ORIGINAL QUESTIONS	FULL-LENGTH PAPERS	QUESTIONS · MINUTES A PAPER	OUR PRACTICE TARGET, NOT THE EXAM'S PASS RULE

Prepared by Wathim · wathim.com · info@wathim.com

Original practice material. Not the official question bank.

About this pack

Pediatrics Gulf Specialist Exam Practice Bank: Online Mocks and Printable Papers · read this before you start.

650	3	14	100%
ORIGINAL QUESTIONS	EXAM-LENGTH PAPERS	TOPICS COVERED	ANSWERED AND SOURCED

Every question here comes with its correct answer, the reasoning, and the law, standard or study guide it is drawn from, so you learn the rule and not just the letter. The mix: 148 easier, 345 standard and 157 harder questions, marked on each one.

Growth, development, behaviour and adolescent health 83 · Allergy, immunology and infectious diseases 65 · Acute care, emergency and PICU 60 · Respiratory medicine 54 · Neonatology 53 · Paediatric neurology 53 · Metabolic, endocrine and genetic disorders 39 · Nephrology, rheumatology and musculoskeletal 39 · Paediatric gastroenterology and hepatology 35 · Paediatric cardiology 35 · Haematology and oncology 35 · Professionalism and ethics 35 · Patient safety 35 · Paediatric surgery 29

The exam you are sitting

DHA: DHA Specialist Pediatrics exam (Dubai)	See the guide on wathim.com *Wathim guide, checked 2026-11-15*
DHCC: DHCC Pediatrics exam (Dubai Healthcare City)	See the guide on wathim.com *Wathim guide, checked 2026-11-20*
Qatar DHP: Qatar DHP qualifying exam, Pediatrics	See the guide on wathim.com *Wathim guide, checked 2026-11-15*
Oman OMSB: Omani Examination for Pediatrics (OEPEDS)	See the guide on wathim.com *Wathim guide, checked 2026-11-20*

Practice papers, not the real length. Practice papers of 60 questions in 72 minutes, a pace of just over a minute a question. The Gulf specialist pediatrics exams differ in length and scoring: the DHA Specialist Pediatrics exam (PED5391) has 150 questions in 3 hours with a 70% pass score, the Qatar DHP qualifying exam 150 questions with 65%, and the Oman OEPEDS 100 questions in 2 hours 30 minutes with 65%. The 70% shown in the app and the printed papers is our own practice target, not any regulator's. The questions are original practice questions, not real or recalled exam questions.

What these questions are. Original practice questions written by Wathim to the exam's published topics and to the laws and standards it tests. They are not real, recalled or leaked exam items, and no official question bank is published for this exam. Practising with honest original questions is the safe and effective way to prepare.

Topic coverage

Topic	Questions in this pack	Share
Growth, development, behaviour and adolescent health	**83**	13%
Allergy, immunology and infectious diseases	**65**	10%
Acute care, emergency and PICU	**60**	9%

Topic	Questions in this pack	Share
Respiratory medicine	**54**	8%
Neonatology	**53**	8%
Paediatric neurology	**53**	8%
Metabolic, endocrine and genetic disorders	**39**	6%
Nephrology, rheumatology and musculoskeletal	**39**	6%
Paediatric gastroenterology and hepatology	**35**	5%
Paediatric cardiology	**35**	5%
Haematology and oncology	**35**	5%
Professionalism and ethics	**35**	5%
Patient safety	**35**	5%
Paediatric surgery	**29**	4%

Mark yourself

Score out of 60	Percentage	What it means
51-60	85-100%	Comfortably over the line. Keep the habit, sit the next paper cold.
42-50	70-83%	A pass, but a few questions either way decide it. Close your weakest topic first.
36-41	60-68%	Close. Read every answer you missed, then re-sit this paper in a week.
0-35	0-58%	A real gap. Work topic by topic before the next full paper.

Not any regulator's pass rule: each Gulf regulator scores its own exam in its own way. The bands mark against our own 70% practice target: 42 of 60.

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How to use it

1. **Sit Paper 1 cold, in one block**
   60 questions in 72 minutes, no notes, on the answer sheet. A paper done in pieces tells you what you know; one done in a block tells you what you would score.

2. **Mark it by topic, not just by total**
   Count your misses against the topic chips beside each question. The total says whether you would pass today; the topics say what to do tomorrow.

3. **Read every answer, including the ones you got right**
   If you cannot say why the other three options are wrong, you guessed well rather than knew.

4. **Spend a week on your two weakest topics**
   Work from the source named under each answer you missed, not a general read-through.

5. **Sit the next paper a week later**
   Compare topic scores, not just totals. A flat total can hide two topics moving in opposite directions.

6. **Keep the revision bank for the last few days**
   470 questions no paper uses, with answers beside them, and the night-before list, for a final pass before the exam.

What is in the download

5 PDFs, each with its own cover, named **Wathim - Pediatrics Exam Practice - *part*.pdf**. Print only the paper you are about to sit.

Start here	This guide: the exam, topic coverage, how to mark yourself and how to use the pack
Paper 1	60 questions · 72 minutes · answer sheet, key, every answer explained, and the score bands
Paper 2	60 questions · 72 minutes · answer sheet, key, every answer explained, and the score bands
Paper 3	60 questions · 72 minutes · answer sheet, key, every answer explained, and the score bands
Revision bank	470 more questions by topic, with the answer under each, and the night-before list of the hardest questions

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Answer sheet

Paper 1 of 3. Shade one letter per question, then mark it against the key at the end of the paper.

Name _____ Date _____ Score / 5

1 (A) (B) (C) (D)	2 (A) (B) (C) (D)	3 (A) (B) (C) (D)	4 (A) (B) (C) (D)	5 (A) (B) (C) (D)

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PEDIATRICS EXAM PRACTICE

Paper 1 of 3: first 5 questions

5 of **60** questions
sample

Choose the single best answer. Answers and reasoning follow.

Q1 Acute care, emergency and PICU STANDARD

A 14-year-old who took many aspirin tablets has tinnitus, fever, rapid breathing and vomiting. Venous gas shows pH 7.30, low bicarbonate and low PaCO2. Which treatment is most appropriate?

(A) Acetazolamide to promote urinary bicarbonate loss and alkalinise urine
(B) Forced acid diuresis with ammonium chloride and furosemide
(C) Intravenous sodium bicarbonate to alkalinise the urine, with potassium replacement
(D) Intravenous acetylcysteine 150 mg/kg over 1 hour

Q2 Acute care, emergency and PICU EASY

A toddler found drowsy beside an open pill box has pinpoint pupils, a respiratory rate of 6/min and SpO2 of 82%. What is the best immediate management?

(A) Give intravenous flumazenil to reverse sedation
(B) Give activated charcoal by nasogastric tube at once
(C) Give intravenous physostigmine to reverse toxicity
(D) Bag-mask ventilation, then naloxone

Q3 Allergy, immunology and infectious diseases STANDARD

A 9-year-old girl is recovering after epinephrine treatment for anaphylaxis to a nut. She is now asymptomatic. Which plan is most appropriate?

(A) Discharge after 1 hour with an oral antihistamine and a 3-day oral steroid course to prevent a biphasic reaction
(B) Discharge after 1 hour with an auto-injector and plan, since biphasic reactions occur only within 30 minutes
(C) Allergy skin testing and an open nut challenge in the department before discharge to confirm the trigger
(D) Observe for several hours, then discharge with an auto-injector, written action plan and allergy referral

Q4 Allergy, immunology and infectious diseases STANDARD

A 5-month-old boy has severe eczema and an egg allergy. His parents ask about introducing peanut. What is the best advice?

(A) Delay peanut until 3 years of age, to allow the immune system to mature fully
(B) Give peanut at home with no assessment of sensitisation
(C) Test peanut IgE or skin prick, then guided introduction at 4 to 6 months
(D) Avoid peanut and ask the breastfeeding mother to avoid it as well

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Q5 Allergy, immunology and infectious diseases EASY

A 3-month-old formula-fed boy has had blood-streaked mucoid stools for 2 weeks. He is thriving, feeds well, and is otherwise well. A cow's milk protein-induced proctocolitis is suspected. What is the best management?

A Switch directly to an amino acid formula at once

B Switch to an extensively hydrolysed formula

C Switch to goat's milk formula

D Add an oral proton pump inhibitor

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Answer key at a glance

Mark your sheet and count your score first. Then read every answer below, including the ones you got right: a lucky guess looks the same as knowledge on the sheet.

1	**C**	2	**D**	3	**D**	4	**C**	5	**B**

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Paper 1 of 3: answers and reasoning

Why the answer is right, why the others are not, and where the rule comes from.

Q1 Answer: **C Intravenous sodium bicarbonate to alkalinise the urine, with potassium replacement**

Salicylate poisoning causes mixed respiratory alkalosis and metabolic acidosis. Intravenous bicarbonate raises blood pH, which keeps salicylate ionised and out of the brain, and alkalinises the urine to speed elimination, with hypokalaemia corrected because it prevents alkaline urine. Acetazolamide worsens systemic acidaemia and increases brain salicylate. Acid diuresis increases tissue penetration and harms. Acetylcysteine treats paracetamol overdose and does not enhance salicylate clearance. Dialysis is reserved for severe or refractory toxicity.

Source: Nelson Textbook of Pediatrics

Q2 Answer: **D Bag-mask ventilation, then naloxone**

The triad of depressed consciousness, miosis and bradypnoea indicates opioid toxicity, and the first priority is airway and ventilation with oxygen, followed by naloxone to reverse respiratory depression, titrated to ventilation rather than full arousal. Flumazenil antagonises benzodiazepines and may provoke seizures in mixed overdoses. Activated charcoal is unsafe in a child with a depressed airway reflex. Physostigmine reverses anticholinergic toxicity, which causes dilated pupils, so it does not fit this picture.

Source: Nelson Textbook of Pediatrics

Q3 Answer: **D Observe for several hours, then discharge with an auto-injector, written action plan and allergy referral**

A biphasic reaction can recur hours after apparent recovery, so a period of observation of several hours is recommended, longer after severe reactions. At discharge, the family needs an epinephrine auto-injector with training, a written emergency action plan and referral to allergy services to confirm the trigger. Antihistamines and corticosteroids do not prevent biphasic reactions or treat future anaphylaxis. An open challenge immediately after anaphylaxis is unsafe and testing is done later by the allergy team.

Source: World Allergy Organization anaphylaxis guidance

Q4 Answer: **C Test peanut IgE or skin prick, then guided introduction at 4 to 6 months**

In infants with severe eczema or egg allergy, who are at highest risk of peanut allergy, trials showed that early regular peanut ingestion reduces peanut allergy. Guidelines advise evaluation, by specific IgE or skin test, then introduction at about 4 to 6 months, supervised if sensitised. Delaying to 3 years or avoiding peanut during breastfeeding increases risk, and unassessed home introduction is unsafe if he is already sensitised.

Source: NIAID food allergy prevention guidelines

Q5 Answer: **B Switch to an extensively hydrolysed formula**

Mild food protein-induced allergic proctocolitis in a well infant resolves on removing the cow's milk protein, and an extensively hydrolysed formula (or maternal dairy exclusion if breastfed) is the first step. Amino acid formula is reserved for severe disease or failure on a hydrolysate. Goat's milk protein is highly cross-reactive and unsafe, and acid suppression does not treat colitis caused by an immune reaction to dietary protein.

Source: Nelson Textbook of Pediatrics

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What the full pack contains

This sample is a slice of Paper 1. The full pack is:

Start here	The guide at the front of this sample, in full
3 full papers	60 questions · 72 minutes each, with answer sheet, key, every answer explained and the score bands
Revision bank	470 more questions by topic with the answer under each, and the night-before list
Total	650 original questions, every one answered and sourced

Get the full pack at **wathim.com/practice/pediatrics-practice**

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