

Nursing

*NCC-NNP-BC
Neonatal Nurse Practitioner Exam*

Questions And Answers PDF Format:

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Question: 1

When treating a neonate for hypothermia, the air temperature should be increased by approximately

- A. 1 °C every hour until infant stabilizes
- B. 2 °C every hour until infant stabilizes
- C. 3 °C every hour until infant stabilizes

Answer: A

Explanation:

Steps in treatment of hypothermia:

- Increase the air temperature by approximately 1 °C every hour until the infant's temperature is normal and stable.
- Determine if the cause of hypothermia is from an abnormal physiological process in the infant or from environmental conditions.
- Avoid rewarming the infant too rapidly because rapid rewarming may result in apnea or hypotension. Maintain the ambient temperature at 1-1.5°C higher than the infant's temperature.
- Warm IV fluids with a blood-warming device prior to infusion.
- Closely monitor the infant's blood glucose levels, vital signs, and urinary output.

Question: 2

The following drug(s) should always be included with infant resuscitation equipment

- A. prostaglandin and epinephrine
- B. epinephrine and naloxone
- C. surfactant and naloxone

Answer: B

Explanation:

Medications that should always be included as part of the minimum neonatal resuscitation equipment include epinephrine and naloxone. Epinephrine is the AHA recommended pharmacologic intervention in the case of ineffective CPR in neonatal resuscitation. Naloxone is indicated in the case of respiratory distress in infants with opioid withdrawal after the administrations of opioids as pain control in the labor process. Surfactant (indicated in respiratory distress, particularly in preterm neonates) and prostaglandins (indicated for cyanotic congenital heart defects) are useful in specific cases, but are not part of the minimum resuscitation equipment.

Question: 3

The relationship between the total loading dose of an administered drug and the serum concentration refers to the

- A. absorption
- B. distribution
- C. clearance

Answer: B

Explanation:

Distribution: The volume of distribution is the relationship between the total loading dose of drug administered and the serum concentration (volume of body fluid required to dissolve the amount of drug found in the serum). Absorption: This relates to the rate at which a drug enters the bloodstream and the amount of drug. Clearance: Elimination pathways (liver, kidney) can become saturated if dose of medications is too high or administration is too frequent. Ideally, a drug concentration should be maintained at a steady state (average).

Question: 4

The electrolytes that are of primary concern in the neonate are

- A. calcium, sodium, and potassium
- B. calcium, chloride, and magnesium
- C. sodium, phosphorous, and potassium

Answer: A

Explanation:

Electrolyte	Normal value	Discussion
Calcium	Cord: 8.2-11.2 mg/dL 0-10 days: 17.6-10.4 mg/dL 11 days-2 years: 9.0-11.0 mg/dL	Hypocalcemia: <7 mg/dL is common with infants that are critically ill, IDM, suffered from asphyxia, or are preterm with very low birth weight.
Sodium	Neonate: 133-146 mEq/L	Hypernatremia: >150 mEq/L usually relates to dehydration, use of Na containing solutions, congenital or acquired reduction in ADH, cerebral palsy, and intracranial hemorrhage. Hyponatremia: <130 mEq/L usually relates to overhydration, renal excretion from diuresis, or SIADH.
Potassium	Neonate: 2.7-5.9 mEq/L	Hyperkalemia: >7 mEq/L may relate to renal failure, acidosis, or adrenal insufficiency. Hypokalemia: <3.5 mEq/L usually relates to excessive GI or renal fluid losses.

Question: 5

The major route in a full-term neonate for rapidly increasing body temperature in response to cold stress is

- A. shivering
- B. non-shivering thermogenesis
- C. vasoconstriction

Answer: B

Explanation:

Non-shivering thermogenesis (NST) is the major route of rapid increase of body temperature in response to cold stress in the term neonate. NST is the oxidation of brown fat to create heat. Brown adipose tissue contains a high concentration of stored triglycerides, a rich capillary network, and is controlled by the sympathetic nervous system. When brown fat is metabolized, heat is created. When a cold body temperature is detected, the posterior hypothalamus responds by triggering the adrenal glands to release norepinephrine and the pituitary gland to release thyroxine. Both stimulate NST.

Question: 6

On the APGAR scale, a good score is

- A. ≥ 5
- B. ≥ 7
- C. ≥ 10

Answer: B

Explanation:

A total score of 27 is a sign of good health with a perfect score being 10. APGAR is a quick evaluation of a newborn's physical condition to determine if emergency medical care is needed and is administered 1 minute and 5 minutes after birth.

Sign	0	1	2
Appearance (Skin Color)	Cyanosis or pallor over entire body	Normal, except for the extremities	Entire body normal
Pulse (Heart Rate)	Absent	<100 bpm	>100 bpm
Grimace (Reflex Irritability)	Unresponsive	Grimace	Infant sneezes, coughs, and recoils
Activity (Muscle Tone)	Absent	Flexed limbs	Infant moves freely
Respiration (Breathing Rate and Effort)	Absent	Bradypnea, dyspnea	Good breathing and crying

Question: 7

The initial treatment for patent ductus arteriosus (PDA) for a preterm neonate is usually

- A. prostaglandin
- B. surgical ligation
- C. indomethacin or ibuprofen lysine

Answer: C

Explanation:

Patent ductus arteriosus (PDA) is failure of the ductus arteriosus that connects the pulmonary artery and aorta to close after birth, resulting in left to right shunting of blood from the aorta back to the pulmonary artery. This increases the blood flow to the lung and causes an increase in pulmonary hypertension that can result in damage to the lung tissue. Treatment for PDA:

- Indomethacin (Indocin®) or ibuprofen lysine given within 10 days of birth is successful in closing about 80% of defects.
- Surgical repair with ligation of the patent vessel if conservative treatment is unsuccessful.

Question: 8

Insensible water loss in neonates includes

- A. urination
- B. evaporated fluids
- C. stool

Answer: B

Explanation:

Insensible water losses (IWL) occur as water evaporates from the skin (2/3) or the respiratory tract (1/3). IWL cannot be directly measured. Premature neonates have thin skin that allows for increased amounts of evaporative water loss. As the skin matures and the stratum corneum develops (around 31 weeks of gestation) less water is lost through the skin. A full-term neonate will have an IWL of 12/ml/kg/24 hours at 50% humidity. Factors that increase IWL include prematurity, radiant warmers, phototherapy, fever, low humidity, and tachypnea. Sensible water losses occur via urination, stool, and gastric drainage and can be accurately measured.

Question: 9

A neonate, 2 days after birth, develops a generalized rash with erythematous papules, vesicles, and some pustules everywhere but on the palms and soles of feet. The most likely diagnosis is

- A. erythema toxicum
- B. neonatal pustular melanosis
- C. cutis marmorata

Answer: A

Explanation:

Erythema toxicum is a skin eruption of erythematous papules, vesicles, and sometimes pustules. Erythema toxicum is essentially benign and occurs in 25-50% of newborns. It is a generalized rash everywhere except the palms and soles of the feet, usually occurring 2-3 days after birth. Neonatal pustular melanosis is a benign rash (vesicles and macules) but not associated with erythema. Cutis marmorata is a disorder in which the infant's skin mottles or marbles when exposed to cold, because the superficial blood vessels dilate and contract at the same time.

Question: 10

A mother delivers a child with sickle cell disease, an autosomal recessive disorder. The recurrence risk for subsequent children being born with the disorder is

- A. 25% for each pregnancy and 50% chance the child will become a carrier
- B. 50% for each pregnancy and 25% chance the child will become a carrier
- C. 50% for each pregnancy and no carrier state

Answer: A

Explanation:

Autosomal recessive: Recurrence is 25% for each pregnancy and 50% risk of the child becoming a carrier. Autosomal dominant: Recurrence risk is 50%, but there is no carrier state. X-linked recessive: Recurrence risk is 50% for affected sons and 50% risk of daughters becoming carriers. Affected sons do not pass the disorder to sons, but all daughters become carriers. X-linked dominant: Father passes the disorder to 100% of daughters but no sons. Mother passes the trait to

50% of sons and 50% of daughters, but daughters are usually unaffected.

Question: 11

A neonate born with the genetic disorder cystic fibrosis must be monitored carefully for

- A. apnea
- B. hypoglycemia
- C. meconium ileus

Answer: C

Explanation:

Cystic fibrosis is a congenital disease associated with thick collection of mucous in the lungs and intestines. Up to a fifth of children born with cystic fibrosis have meconium ileus. Meconium ileus is obstruction of the ileum with inspissated (thick) mucilaginous meconium that clings to the side of the narrowed lumen of the intestine and forms hard pellets (usually the first clinical sign of cystic fibrosis). The mucus interferes with absorption of fat, protein, carbohydrates, and other nutrients, leading to malabsorption syndromes.

Question: 12

The neural tube defect in which there is failure of the vertebral column to close, but no herniation through the opening is

- A. spina bifida cystica
- B. spina bifida occulta
- C. myelomeningocele

Answer: B

Explanation:

Spina bifida occulta is the failure of the vertebral column to close, but no herniation through the opening so the defect may not be obvious. Spina bifida is a defect in which the vertebral column is not closed with varying degrees of herniation through the opening. Spina bifida cystica is a defect in closure with external sac-like protrusion with varying degrees of nerve involvement. Meningocele is spina bifida cystica with meningeal sac filled with spinal fluid. Myelomeningocele is spina bifida cystica with meningeal sac containing spinal fluid and part of the spinal cord and nerves.

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