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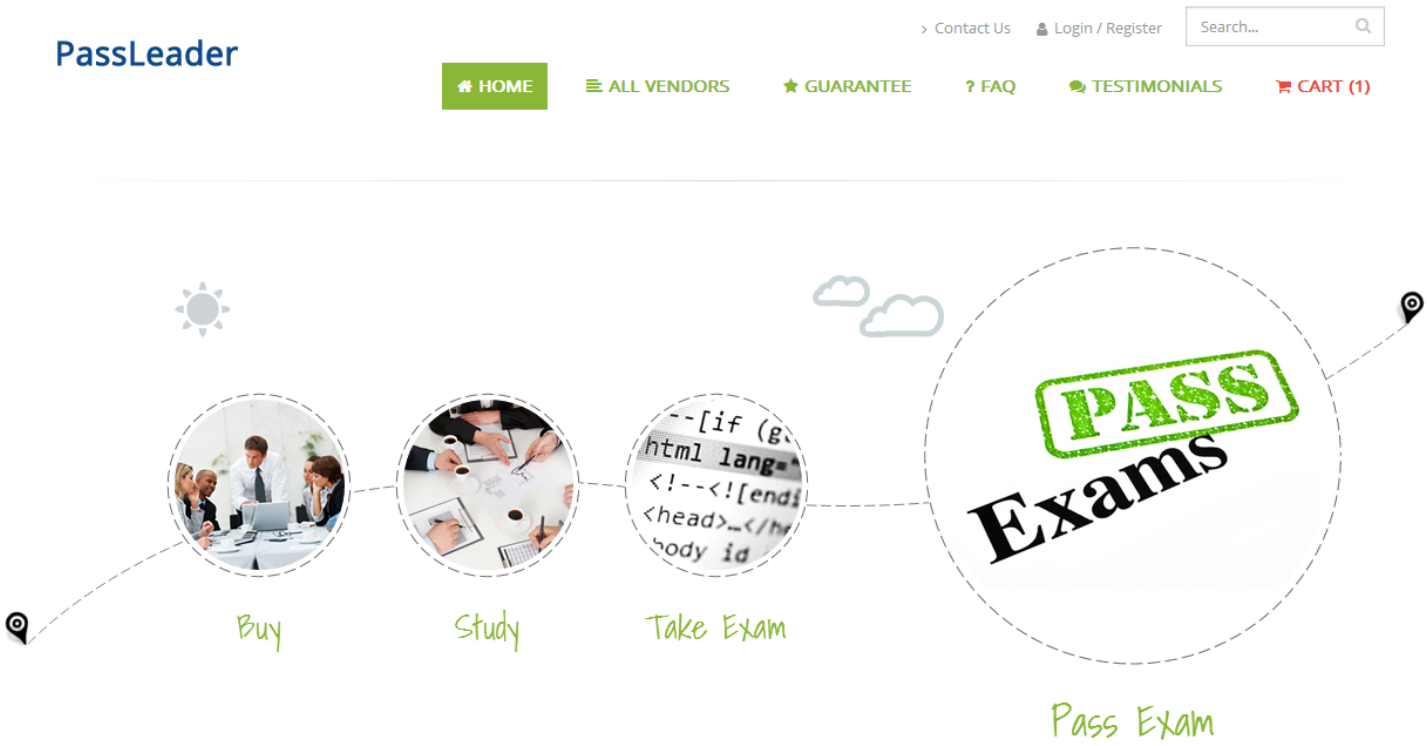

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Exam : **NCC-NNP**

Title : Neonatal Nurse Practitioner Exam

Vendor : Nursing

Version : DEMO

QUESTION NO: 1
When treating a neonate for hypothermia, the air temperature should be increased by approximately
A. 1 oc every hour until infant stabilizes
B. 2 oc every hour until infant stabilizes
C. 3 every hour until infant stabilizes
Answer: A
Explanation:
Steps in treatment of hypothermia:
*Increase the air temperature by approximately I '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 infants blood glucose levels, vital signs, and urinary output.

QUESTION NO: 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 withdraw 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 NO: 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 NO: 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 NO: 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 NO: 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 NO: 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 NO: 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 NO: 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 250% 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 NO: 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 NO: 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 NO: 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.

QUESTION NO: 13
A neonate develops tremors of the chin and extremities with the following observations:
*Lack of ocular deviations or other abnormalities.
*Gentle restraint halts tremors.
*Stimulation elicits tremors.
*Clonic jerking has both fast and slow elements.
*Autonomic changes involving the heart rate, respirations, and blood pressure are not present.
*EEG is normal.
The most likely cause is
A. jitteriness
B. seizures
C. shivering
Answer: A
Explanation:
Jitteriness is distinct from shuddering, a 10-15 second period of fast tremors that may recur SIOO times daily. Both jitteriness and shuddering are benign findings. Seizures indicate that there is an abnormality of the central nervous system and are differentiated by their associated abnormal movements:
*Subtle: Feet pedaling, chewing, apnea, eye movements, or blank stare.

*Tonic: Tonic flexion or extension of the limbs, focal (one limb) or generalized.
*Clonic: Slow, clonic movements (1-3 per second), often in one extremity or one side of the body.
*Myoclonic: Focal, multi-focal, or generalized, with rapid jerking movements of the extremities.

QUESTION NO: 14
An infant with ABO incompatibility with the mother develops hyperbilirubinemia after birth. The neonate should be monitored for a few weeks after birth for
A. congestive heart failure
B. kernicterus
C. anemia
Answer: C
Explanation:
Anemia may develop in the weeks after delivery because of increased rate of RBC breakdown, so the neonate should be monitored with blood counts. About 20-25% of pregnancies involve ABO incompatibility, usually with the mother type O and the fetus A or B. There are rarely serious complications for the fetus although the neonate may develop hyperbilirubinemia, so the child should be observed carefully. Only in severe cases of hemolysis (rare), does the child require exchange transfusions.

QUESTION NO: 15
The NP is assessing a newborn and notices faint perioral cyanosis. The first response should be to
A. activate the Code Blue protocol for your facility
B. start oxygen via a mask
C. assess the rest of their body to see if there is any cyanosis present in the extremities or if the infant is exhibiting any retractions or other signs of respiratory distress
Answer: C

QUESTION NO: 16
An example of an autosomal recessive disease is
A. cystic fibrosis
B. Down's syndrome
C. Edward's syndrome
Answer: A

QUESTION NO: 17
Transient neonatal strabismus usually clears by the age of
A. 4 days
B. 4 weeks
C. 4 months
Answer: C
Explanation:

Because oculomotor control is poor in the neonate, transient neonatal strabismus involving intermittent exotropia or esotropia is common and usually clears by about 4 months without treatment. Strabismus occurs when the muscles of the eyes are not coordinated so that one eye deviates from the axis of the other. Deviations include:
*Tropia, which is consistent or intermittent deviation in which the child is unable to maintain alignment of the eyes.
*Esotropia, in which both eyes turning inwards (cross eyes) and exotropia is both eyes turning outward (wall eyes).

QUESTION NO: 18
A neonate exhibits the following:
*Long narrow torso with short arms and legs.
*Proximal segment of the limbs (upper arms and thighs) disproportionately short.
*Head large with frontal bossing and midface hypoplasia.
These characteristics are consistent with
A. Down syndrome
B. achondroplasia
C. fragile X
Answer: B
Explanation:
Achondroplasia is the most common cause of dwarfism. Bone growth is inhibited as the result of an abnormal gene on chromosome 4. Achondroplasia can be inherited in an autosomal dominant fashion, but the majority of cases (75-80%) occur with spontaneous mutations. Clinical features apparent at birth include a long narrow torso with short arms and legs. The proximal segment of the limbs (upper arms and thighs) is disproportionately short. The head is large, with frontal bossing and midface hypoplasia. A small hump (gibbus) may be present in the mid-to-lower back. Mild, generalized hypotonia may be present.