Nursing

NCC-RNC-NIC
Neonatal Intensive Care Nursing certification Exam

Latest Version: 6.0

Question: 1

What is the recommended dose of naloxone in neonates who are exhibiting moderate respiratory depression?

A. 0.01 mg/kg
B. 0.1 mg/kg
C. I mg/kg

Answer: A

Explanation:
The usual dose of naloxone in an infant who is showing moderate respiratory depression from exposure to narcotic analgesics is 0.01 mg/kg given 1M, W, or SC. If the infant is in severe respiratory distress and requires mechanical ventilation from a narcotic overdose, a high dose of naloxone (0.1 mg/kg) is indicated.

Question: 2

With regard to resuscitation, chest compressions (cardiac massage) should be initiated in a neonate when heart rate dips below what value (assuming adequate and effective ventilation is in place)?

A. 60 bpm
B. 90 bpm
C. 120 bpm

Answer: A

Explanation:
Per the American Heart Association, the current recommendation is that external chest compressions be given if the heart rate is sustained below 60 bpm if adequate assisted ventilation with oxygen is in place. The rate of compressions should be about 90/min with 30 coordinated breaths per minute.

Question: 3

What is the Kleihauer-Betke test used to determine?

A. Apnea of prematurity
B. Fetal blood loss

C. Respiratory insufficiency

Answer: B

Explanation:
The Kleihauer-Betke test is a blood test that determines the presence and quantity of fetal hemoglobin in the mothers bloodstream. Fetal hemoglobin retains its red staining while adult hemoglobin becomes very pale after fixing. The presence of 10 fetal hemoglobin cells per microscope field is equivalent to approximately I cc of fetal blood. This is an effective method in determining the extent of fetal blood loss.

Question: 4

Which pathogen is responsible for most nosocomial infections in the NICU?

A. Group B Streptococci
B. Rotavirus
C. Staphylococcus aureus

Answer: C

Explanation:
Methicillin-resistant Staphylococcus aureus (MRSA) is the primary strain of bacteria that is responsible for most cases of hospital-acquired infection/illness. MRSA has become the most prevalent and potentially dangerous pathogen found in hospitals today. It has evolved to the point where it has become resistant to many, if not most, antibiotics.

Question: 5

Which of the following is NOT an effective method in preventing nosocomial infections in the NICU?

A. Frequent handwashing
B. Keeping infants on ventilators as long as possible to maintaina closed sterile system of ventilation
C. Starting enteral feedings as soon as possible

Answer: B

Explanation:
Hospital-acquired pneumonia is a common nosocomial infection in the NICU. By rapidly weaning infants off mechanical ventilators as quickly as is medically safe, the risk for developing nosocomial pneumonia is greatly reduced because the pathogen's method of entry into the host is eliminated at the time of extubation.

Question: 6

Which of the following factors would interfere with the measurement of oxygen saturation (Sp02)?

I. Bright ambient lights
II. Shivering
III. Cold extremities
IV. Vasodilation
V. Placing probe on lower extremities

A. I, II, III
B. I, II, IV
C. I, II, V

Answer: A

Explanation:

SpO_2 is the percent of hemoglobin that is saturated with oxygen. The pulse oximeter is a device used to measure SpO_2. The pulse oximeter uses a noninvasive probe that is attached to a finger or toe. It works by emitting light and calculating the absorption of specific wavelengths of light to determine how much of the hemoglobin is saturated. Because the machine utilizes a light source, any bright external light could potentially interfere with its functioning. Factors like vasoconstriction or shivering can interfere with the probe's ability to accurately measure the hemoglobin. This is why it's important to make certain the patient's peripheral perfusion is adequate and that the patient is kept calm and still if possible.

Question: 7

Which of the following initial stabilization measures should be instituted during the delivery of an infant with a known omphalocele in the NICU?
I. Place infant in supine position.
II. Cover exposed organs with saline-soaked gauze.
III. Insert orogastric tube.
IV. Insert UAC/UVC lines.
V. Closely monitor temperature and urine output.

A. I, II, III, V
B. II, III, V
C. II, IV, V

Answer: B

Explanation:
Initial stabilization practices for the infant with an abdominal wall defect (either gastroschisis, or omphalocele) involve measures aimed at protecting the exposed organs and minimizing their trauma. This can be obtained by covering the exposed organs with warm saline-soaked gauze with some form of evaporative barrier (even plastic wrap would work) to keep them from drying out. It is recommended to place the infant in a side-lying position with support ofthe

exposed organs. Although IV access should immediately be established, UAC/UVC lines are absolutely contraindicated with abdominal wall defects. An orogastric tube should be inserted and placed on low-intermittent suction to aid in decompression of the stomach. Extreme vigilance should be given to monitoring the infant's temperature and urine output since the infant is at great risk for temperature instability and possible damage to the internal urinary system.

Question: 8

What is the normal rate of urinary output for a neonate?

A. 0.25-0.75 cc/kg/hr
B. 1-3 cc/kg/hr
C. 3-6 cc/kg/hr

Answer: B

Explanation:
Expected urinary output rate for a neonate less than 2 days old is 1-3 cc/kg/hr. It takes a day or so for newborn kidneys to reach their optimal functioning level, so a slightly lower rate of 1 cc/kg/hr is acceptable (albeit on the low side). After the infant is about 48 hours old, kidney function should increase to about 2-4 cc/kg/hr. Any deviation from this range should be investigated to determine the underlying cause.

Question: 9

What is the L:S ratio test used to determine?

A. Cardiac function
B. Estimated gestational age
C. Fetal lung maturity

Answer: C

Explanation:
The L:S ratio test (lecithin-sphingomyelin ratio) is a marker of fetal lung maturity. Lecithin and sphingomyelin are excreted in equal proportions until about 32 weeks' gestation, at which time lecithin concentration increases dramatically while sphingomyelin levels remain the same. The ratio is measured in the amniotic fluid. Lecithin and sphingomyelin are both surfactants, but lecithin is the substance responsible for making them work more effectively thus preventing collapse of the neonate lung. A ratio of 2:1 indicates that the fetal lungs are mature, thereby decreasing the chance ofthe infant developing respiratory distress syndrome.

Question: 10

Which of the following symptoms can be associated with amniotic band syndrome?

I. Limb deformity
II. Cleft deformity of face
III. Chest deformity
IV. Congenital limb amputation

A. I, II, III
B. I, III, IV
C. I, II, III, IV

Answer: C

Explanation:
Amniotic band syndrome (also known as ADAM complex, pseudoainhum, Streeter's dysplasia, amniotic band sequence) is a rare condition in which the amnion (inner layer of placenta) has been damaged and fiber-like bands of the amnion have broken off (been torn away) and become entangled and/or wrapped around the developing fetus. The bands usually get tangled around the limbs of the fetus. This reduces blood supply to the entrapped areas and cause them to develop abnormally or (in extreme cases) amputate the limb altogether. Amniotic bands can also entrap the face or chest. When this occurs, clefts ofthe affected area can develop.

Question: 11

Transient tachypnea of the newborn (TTN) is more likely to occur in babies born under which of the following circumstances?

A. Babies born before 33 weeks' gestation
B. Babies delivered by C-section
C. SGA babies

Answer: B

Explanation:
TTN is a respiratory disorder that occurs shortly after delivery. It is seen in babies who are born at or near full term. In TTN, the respiratory rate is greater than 60 breaths/minute, which usually lasts less than 24 hours. Babies born by C-section are at risk due to retention of amniotic fluid in the lungs which can temporarily interfere with respiration. In an NSVD, the lungs are better drained of the amniotic fluid via the squeezing of the chest wall during vaginal delivery. The amniotic fluid is eventually reabsorbed and the condition resolves.

Question: 12

Which of the following is an appropriate intervention for an infant with GE reflux?

A. Elevating the head ofthe bed
B. Larger, less frequent feedings
C. Placing infant in prone position after feeding

Answer: A

Explanation:
GE reflux is common in healthy infants. It is estimated that over half of all newborns exhibit signs of GE reflux within the first 3 months of life. Most cases of GE reflux resolve within the first 12 months. Since it is such a common finding in neonates, it is important to institute measures that help reduce the risk/frequency of reflux episodes. These interventions include small, frequent feedings with frequent burping, elevating the head of the bed, placing infant in supine position, thickening feedings, and keeping the infant upright for 30 minutes after feeding.

Question: 13

Which of the following statements is FALSE regarding neonatal hyperbilirubinemia?

A. It can be associated with breastfeeding.
B. It is usually a benign finding.
C. It is a serious condition that often leads to kernicterus.

Answer: C

Explanation:
Neonatal hyperbilirubinemia (aka newborn jaundice or physiological jaundice) is a common condition in a newborn. It is usually a benign finding that is self-limiting. It can be associated with breastfeeding for one of three reasons: (a) decreased oral intake due to mother's decreased milk production, (b) infants who do not breastfeed well, or (c) due to substances in the human milk that affect bilirubin breakdown in the infant. It usually resolves on its own within the first 2-3 weeks of life. Occasionally hyperbilirubinemia requires phototherapy treatment to aid in the breakdown of bilirubin in the skin. In extremely rare cases, hyperbilirubinemia can lead to kernicterus, but this is usually associated with hyperbilirubinemia that has some other underlying cause.

Question: 14

A pregnant mother that is 30 weeks pregnant presents with right upper quadrant pain, nausea, vomiting and hypertension. She is most likely suffering from which of the following?

A. Cholestasis
B. HELLP syndrome
C. Influenza

Answer: B

Explanation:
HELLP syndrome is a serious liver disorder that can occur in the last trimester in pregnancy. It is characterized by hemolysis, elevated liver enzymes, and low platelets. Most women who

develop HELLP syndrome also have preeclampsia, which is the greatest risk factor for developing this condition. The mother will have very high blood pressure, nausea, abdominal pain, and swelling. Treatment begins with delivery of the baby, even if it is premature. Symptomatic treatment with IV fluids, anti-hypertensives, and vasodilators are given to the mother. It can be fatal if it is not treated.

Question: 15

A woman who is known to have hepatitis B, is delivering her first baby. What should the treatment of the infant include?

A. Waiting until the infant is atleast5 years of age to administer hepatitis B immunoglobin
B. Hepatitis B vaccine given within the first year of life
C. Hepatitis B vaccine and hepatitis B immunoglobulin given within 12 hours ofbirth

Answer: C

Explanation:
Hepatitis B is transmitted from the mother to the fetus during pregnancy. Approximately 40% of infants of hepatitis B positive women will develop the disease, and up to 25% of those will die from chronic liver disease. It is imperative to administer the hepatitis B vaccine and hepatitis B immunoglobulin to these infants within 12 hours of birth. Routine vaccination of all infants is usually given within 24 hours of birth.

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